

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To inspect Vehicle No: _____

at Workshop m/s _____ Wei Lee

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 03/29 Person Contacted: _____

Vehicle: IN / OUT

Veh No: POV 88504 Yr Regn: 04, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MC C200 Komp.c 1796Colour: O. Blue A/C: Insured / Std / NI / NASp. Reading: 118092 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: WOD 2040412A159138Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/45 R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal: 9 mmR/Bal: 4 mmL/Bal: 9 mmL/Bal: 4 mmD.O.A. 1/1/20D.O.I. 6/1/2021

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

1st O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 To Submit report ASAP6/1 L/Rm @ 2450/h To Submit (Red 1959.80,44%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 8/1/21-Typist

Report Format: TP

Lump Sum / +B. (\$) 2450

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$

Survey Fee:

Transportation:

S - R.S. SI

F. m's

Others

135

50

19

80

284