

ASS. REC. BY:

REF:

AG2/ 21000548/Kt

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

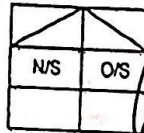
(Client's Record)

Make of Veh:

100m

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days Res.: Yes or No

Lum Sum:

1.131 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDJ 303 B

Yr Regn:

02, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make:

Mw C200

c.c

1497

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

22663

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2050772R 51914P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Std Arim

Tyre Size:

F:

225/45R18

R:

245/40R18

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

8/1/21

D.O.I.

13/1/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

cls Rear body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SUBMIT PRELI REPORT

We have withdraw this case from our end.

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) S + RS. SI

) F.P. 25

) Other

TOTAL

Report Format :

Lump Sum / I.B.I. (\$