

ASS. REC. BY:

REF:

CC4/TU 2100107/Dp³

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. _____

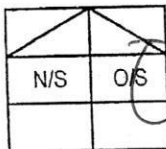
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 4 days Res.: Yes or NoLum Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMG 60252 Yr Regn: Dec, 2028Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C.C. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 48256 T/Radio: Insured / Std / NI / NAEng/No: P620567803C/No: JM6BN22A8K0266698Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: 11

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

TOYO / YOKO or BridgestoneFront RearR/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 24/12/2020 D.O.I. 01/02/2021Survey held at Trans Ewo KarsDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orO/S Body

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

Date / Time Action / Instruction

TU - SJK 510T

11/03/2021 Insured 7/P 6003.10 with 4 days 7 rep.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B./C. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL