

ASS. REC. BY:

REF: *AG1**Kenneth*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Supreme*

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SLH 52627* Yr Regn: *1*Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *Honda Vezel* c.c. *1896*Colour: *M. Silver* A/C: Insured / Std / NI / NASp. Reading: *84945* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *RU 1 - 1117656*Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: *215/60R16*

R: _____

BS: BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. *4* mmL/Bal. *4* mmD.O.A. *9/11/17*

Rear

R/Bal. *4* mmL/Bal. *4* mmD.O.I. *10/11/17*

Survey held at _____

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

ols body

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

Date / Time Action / Instruction

13/11 file pass to Customer

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

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