

ASS. REC. BY:

Sten

REF:

Ata

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:

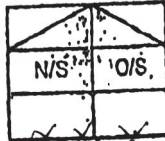
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(Client's Record)

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLF 3854J

Yr Regn:

25/8/16

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

Truck / Trailer or

Make:

KIA Forte

c.c.

1591

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

39045

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KNA F24 F11 MH 568347

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

Tyre Size:

F:

215/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

27/1/21

D.O.I.

28/1/21

Survey held at

Cycle & Carriage

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

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

Date / Time

Action / Instruction

MV-51K

Confirm final figure at \$5644. 4days before GST

(RED: 4257.60;42%)

File/Time, File, Pass to?



Prel. Report



Final Report

File/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Provice

Others

TOTAL

30 Forms:

imp sum / L.B. / C