

ASS. REC. BY:

REF:

AG/210014921kg

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ah Lim

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

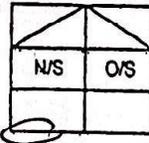
(Client's Record)

Make of Veh: _____

10-300A

(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: 1-2 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMH1714X Yr Regn: 01, 19

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

Truck / Trailer or _____

Make: Mit Attorse c.c. 1193

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 68477 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AK14000671

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rlm / STD / A/Rlm or

Tyre Size: F: 185/55R15

R: _____

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

TOYO / OKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 28/1/21

D.O.I. 2/2/2021

Survey held at _____

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

Rear n/s

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation:

: Interview (\$ _____)

\$ - RS. \$ _____

: Tech Invs (\$ _____)

Fuel

: Weekend (\$ _____)

Others

Report Format :

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

TOTAL