

ASS. REC. BY:

REF: AG /

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

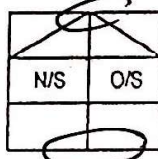
Claims No. _____

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: 8587184

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 11 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S4D 5522R Yr Regn: 11.18Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Toy Pro c.c. 1798Colour M.P. White / Red A/C: Insured / Std / NI / NASp. Reading 161865 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK93FU 30 30 76924Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHSU / PIR / SUMI /

TOYO / YOKO or Polar

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 15/2/21 D.O.I. 16/2/2021

Survey held at _____

Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or2.1.1

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

Date / Time _____ Action / Instruction _____

1 Got BI

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S - RS. SI

Parties

Others

TOTAL

995.00

50.00

51.00

80.00

1176.00

Report Format :

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