Assigned By: Cek.   ICS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AIM

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: TBA

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value $25K

IDAC Accident Rport   Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 5 days   Res. Yes or No

Lum Sum: 20 %   3 Val. Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SFK9850A   Yr Regn: 31 Dec 2011

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

Make: Audi A3 1.4   c.c 1390

Colour: Black   A/C: Insured / Std / NI / NA

Sp Reading: 117959   T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: WAUZZZ8P3CA075340

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal	6	mm	R/Bal	6	mm
L/Bal	6	mm	L/Bal	6	mm

D.O.A 11-02-21   D.O.I 19-02-21

Survey held at W/S 4pm

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

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

Date / Time	Action / Instruction
	Cek: 18315

Date/Time File Pass to?   ☐ : Preli. Report   ☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp ($ ☐ Interview ($ ☐ Tech. Insp ($ ☐ [illegible]