

ASS. REC. BY:

REF:

CC4/ASM21002681/Dgs³

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. _____

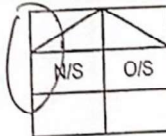
Claims No. _____

Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 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: GBD 1123C Yr Regn: 2014 JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hissen Cebsstar c.c. 2953Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 158697 T/Radio: Insured / Std / NI / NAEng/No: 2D3033 9375KC/No: 5H2SC2F242 0855878Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 7155 R13 doubleR: 175/80 R15 (double)

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

TOYO / YOKO or YokohamaFront RearR/Bal. 5 mm R/Bal. 5/5 mmL/Bal. 5 mm L/Bal. 5/5 mmD.O.A. 22/02/2021 D.O.I. 02/03/2021Survey held at Alfred Auto

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

4/5 Portion

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

Date / Time Action / Instruction

AXA SH 8217YMV 281CLTA 8.9K46 19K12/03/2021 Invoice 1/5 3100/- with 6 days of rep

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Formet:

Lump Sum / L.B. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL