

ASS. REC. BY:

6L
PRSSMO
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.

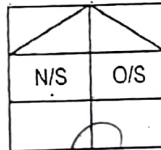
Sum Insured:

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 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:

YQ 393E

Yr Regn:

08 Apr 2019

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

Truck / Trailer or

Make:

SUZUKI NPR 75UH5A 5193

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

22162

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JAA NPR 75HJ 7103379

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/75R17.5

R:

11

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

D.O.I.

18-03-21

Survey held at

w/s

11/11

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

\$300 - \$400

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

___ S + RS ___ SI

Photos

Other:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Travel (\$

Report Followed

Total Cost / Bill

TOTAL