

Kenneth

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. ML000509

Claims No. M2101373

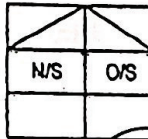
Sum Insured: _____ Excess: _____

(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: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S1TC 54022 Yr Regn: 111 14

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995

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

Sp. Reading 714247 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 279583

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M1 / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Sailun

Front Rear

R/Bal. 8 mm R/Bal. 9 mm

L/Bal. 8 mm L/Bal. 9 mm

D.O.A. 20/3/21 D.O.I. 23/3/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
1	8220h
	CONFIRM AT \$220
	RED: 12110.72; 98%

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 1

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

2)

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

Transportation: _____

\$ - RS. SI

Fines

Others

TOTAL

Report Format :

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