

ASS. REG. BY:

REF:

C12/ 210048171M

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. DMCVSNW00076672005

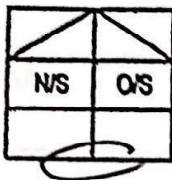
Claims No. SNM21D202112C02/IRENE

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: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 7882E Yr Regn: 04, 15

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

Truck / Trailer or vanMake: Mazda 10900 1461Colour: White AC: Insured / Std / NI / NASp. Reading: 141758 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF4156524 146592Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: AT / S/Rlm / STD/ATM or _____Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Taxi Max

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 12/4/21D.O.I. 16/4/2021

Survey held at _____

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
	LUMP SUM \$4950, 9DAYS
	(RED: 4329.9;46%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 6☒ : Final ReportResurvey No. of Trip: 1

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS \$ _____

☐ : Interview (\$ _____)

Fees: _____

☐ : Tech Insp (\$ _____)

Other: _____

Report Format: _____