

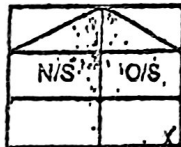
ASS. REC. BY: Steve REF: CS/A/G 21005585/Envf3

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.



Est. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Sent: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SBS 6610 B Yr Regn: 1
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mitsubishi - Pajero C.C. 7.700
Colour: White A/C: Insured / Std / Nil / N
Sp. Reading: 581995 T/Radio: Insured / Std / Nil / N
Eng/No: _____
C/No: WEB 6280-8323124581
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD / R/Rim or
Tyre Size: F: 275/70R175
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUBARU /
TOYO / YOKO or _____

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>4/5/21</u>	D.O.L. <u>7/5/21</u>

Survey held at SBS Transh, Burnt Bank

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

Rev R/H

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

Date / Time	Action / Instruction
	<u>Waiting Estimate</u>

File/Time, File, Poss W/P. ☐ : Prel. Report
☐ : Final Report

File/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation

\$ - RS - SI

Phone

Others

TOTAL