

ASS. REC. BY:

REF:

CT2/ 21006240/Kg

C

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. _____

Claims No. _____

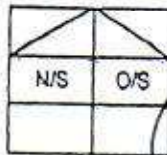
Sum Insured: _____

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: _____

03 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: _____

GK 8888

Yr Regn: _____

01, 13

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

Truck / Trailer or _____

Pick up

Make: _____

Sany Yang A200SC

1998

Colour _____

M. Brown

A/C: Insured / Std / NI / NA

Sp. Reading _____

123817

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KPADA1ETSCP139745

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 A/Rim or

Tyre Size: _____

F: _____

R: _____

205 R18 X8

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

TOYO / YOKO or _____

Kapsen

Front

Rear

R/Bal: _____

9

mm

R/Bal: _____

9

mm

L/Bal: _____

9

mm

L/Bal: _____

9

mm

D.O.A. _____

28/5/21

D.O.I. _____

1/6/2021

Survey held at _____

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

O/S Rear

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

Date / Time

Action / Instruction

916 LIB 81500h Cadet

Date/Time, File Pass to?

☐

Prell. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

Fees: _____

Others: _____

TOTAL

Report Format :

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

Add Fee: _____

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)