

ASS. REC. BY:

REF:

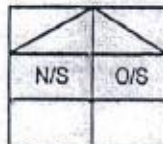
CC3/FCI21006329/Kt

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 Rpt: _____ 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

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

Veh No: SHC5470H Yr Regn: 18 Dec 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: RENAULT LATITUDE 2.0 c.c 1995
 Colour: RED A/C: Insured / Std / NI / NA
 Sp. Reading: 221652 T/Radio: Insured / Std / NI / NA
 Eng/No: M9R8839C002346
 C/No: VF1ABL15AUC280955
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brakes: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Modl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
 Tyre Size: F: 215/60 R16
 R: 215/60 R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 16/12/2016
 Survey held at TRANSCAB
 Des. of Damages: Frt ☒ Rea / ☐ O/S / ☐ N/S / ☐ U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	part by part \$2482.94,2days
	red:17,696.03;87%

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS, \$ _____

Photos _____

Others _____

TOTAL

Rep. Formel: _____

Lump Sum / I.B.T. / _____