

A.S. REC. BY: P. J. M.

REF:

CS/GAI21005136/R1/f3

5912

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MIV

To Inspect Vehicle No: 4P384Lat Workshop m/s WILLY MOTORof 27A, JALOHAN PORT RD #01-32Insured: GAI

Policy No. _____

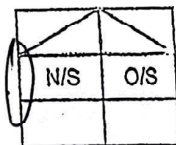
Claims No. _____

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: 46K

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: 4P384L Yr Regn: 2015/DEC
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: ISUZU NNR85H4A c.c. 2999Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 73350 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANNR85HF7100229Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NR / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

195/85R16185/80R15ES, DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 77 mmL/Bal. 7 mmL/Bal. 77 mmD.O.A. 03/02/21D.O.I. 27/04/21Survey held at WILLY MOTORDes. of Damages: Frt / Rear / O/S / NI / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Repair limit - 45K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (1K-2K) / 3 days
	submit prs report
	SUBMIT PART BY PART 2650, 3DAYS
	RED: 2850, 51%

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report
Days Of Repair: 3

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.S.R. (\$) _____