

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s Thiam Heng Hoy

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.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMX 980411 Yr Regn: 1

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

Truck / Traller or Wagon

Make: Honda Shuttle c.c. 1496

Colour: M. Silver Grey A/C: Insured / Std / NI / NA

Sp. Reading: 46005 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 2103964

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: 185/65R15

R: _____

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

TOYO / XOKO or

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 3 mm L/Bal. 3 mm

D.O.A. 1/121 D.O.I. 13/7/2021

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

1 GIA & EST NOT READY

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

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. _____

Fuel

Others

TOTAL

Report Format :

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