

ASS. REG. BY:

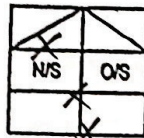
REF: QBE/Kenrick

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TO/INS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop no: Crane Motor
 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: 09 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: JKK 4127 Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Toyota Innova c.c. 1998
 Colour: Black AG: Insured / Std / NI / NA
 Sp. Reading: 227011 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: PN111NV4008812204
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 3 mm
 L/Bal. 5 mm L/Bal. 3 mm
 D.O.A. 2/8/21 D.O.I. 3/8/2021
 Survey held at _____
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
on rooftop
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Await for top car</u>

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

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

Transportation: _____

\$ - RS - SI

Fines

Others

TOTAL