

ASS. REC. BY: Kenneth

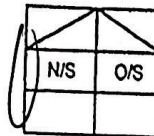
REF: CT21 21008742/K6

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____ City
 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: 7-8 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: SMN 1627H Yr Regn: 07, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Toy Noah c.c. 1797
 Colour: M.P. White A/C: Insured / Std / NI / NA
 Sp. Reading: 137730 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZWR80 0393353
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: 195/65R15
 R: _____

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

TOYO / YOKO or Windforce

Front: _____ Rear: _____
 R/Bal. 3 mm R/Bal. 7 mm
 L/Bal. 3 mm L/Bal. 7 mm

D.O.A. 19/8/21 D.O.I. 20/8/2021

Survey held at _____

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S - RS - SI

Fuel/Oil

Others

TOTAL

Report Format :

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