

ASH, REC. BY:

Steve

CS/AWA 21009014/RIVF3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

Sum Insured:

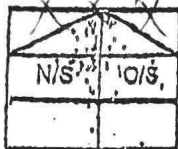
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Real. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Sent

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STW 9199L

Yr Regn:

1/2/10

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

Truck / Trailer or

Make:

Honda Stream

C.C

1799

Colour:

Grey

A/C:

Insured / Std / NI / N

Sp. Reading

178292

T/Radio:

Insured / Std / NI / N

Eng/No:

THMRN 688992 299458

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Pirelli

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

17/8/21

O.O.I.

30/8/21

Survey held at

RIS Automobiles

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/Top or

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

Date / Time

Action / Instruction

AKK - 21K

Time/Time, File, Pass id?



: Prel. Report



: Final Report

Time/Time, File Return id?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Insp (\$

: VV&C&C (\$

\$ + RS \$

Phone

Others

TOTAL

Signature:

Signature / Date: