

ASS. REQ. BY:

Steve

CC4: 116.2100908 / GA3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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 Report

Consistent? : Yes or No

SIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FRP 76726

Yr Regn:

7/6/19

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

Truck / Trailer or

Make:

Honda CR400A

C.C.

394

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JH2MC479SK R50085

Gen. Cond: Good / Fair / Poor / Bad

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

110-50R17

R:

140/50R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

2/8/21

D.O.A.

Southern Min

3/8/21

Survey held at

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

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

Date / Time

Action / Instruction

MV-158

Date/Time, File, Pass to:

☐

: Prelim. Report

☐

: Final Report

Date/Time, File, Return to:

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

S. + RS. \$1

Prelim

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

[illegible]