

ASS. REC. BY:

REF:

APM/210115161kg

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No: _____

at Workshop m/s Auto work

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: 840k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8-10 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: SFY 300G Yr Regn: 04, 13

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

Truck / Trailer or (A)Make: Mer A200 c.c. 1595Colour: M. Silver AC: Insured / Std / NI / NASp. Reading: 100133 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W001760432J068073Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45 ER17

R: _____

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

TOYO / YOKO or Habitat

Front

R/Bal. 3 mmL/Bal. 3 mmD.O.A. 9/11/21

Survey held at

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 11/11/2021

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

Rear o/s & Frt

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

Date / Time Action / Instruction

1 Est not ready

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format :

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