ASS. REC. BY: Kenneth

REF: AGd 210122161K

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Tan

of _____

Insured: 754X

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.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLU 8204Z Yr Regn: 12, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel c.c 1496

Colour M. Red A/C: Insured / Std / NI / NA

Sp.Reading 148206 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 1264670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoptr / Jammed / Leaked / Burnt or _____

Brake: Inoptr / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD/ARim or _____

Tyre Size: F: 225/50R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | 8 mm |
| L/Bal. | 8 mm | L/Bal. | 8 mm |
| D.O.A. | 30/11/21 | D.O.I. | 3/3/2022 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|---|---|
| / | |

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

1) _____ ☐ : Final Report

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

Parking _____

Others _____

TOTAL _____

Report Format :

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