

ASS. REC. BY: Steve

REF: CS/CT121012705/EV43

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 7401E Yr Regn: 25/1/17

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

Make: LEXUS ES250 c.c. 2494

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 66070 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBJ1G6802095621

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S(Rim) / STD A/Rim or

Tyre Size: F: 215/55R17

R: 17

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

Front R/Bal. 5 mm

Rear R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 14/12/21

D.O.I. 21/12/21

Survey held at Borneo Motors

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

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

Date / Time	Action / Instruction
	<u>MV-look</u>

Date/Time, File Pass to? : Prell. 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:	_____
Photos	_____
Others	_____
TOTAL	_____

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