

Kennerth

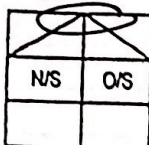
CH 1

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s _____ City _____
 of _____
 Insured: _____ 3421
 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
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 05 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

02/24

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJP 54714 Yr Regn: 03 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or MPV

Make: Toy Wish c.c. 1794
 Colour: M. Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 363750 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTD ER #12W 503002778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 195/65R15
 R: _____

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

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8</u> mm
D.O.A. <u>18/12/21</u>	D.O.I. <u>21/12/2021</u>

Survey held at _____

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

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

Date / Time	Action / Instruction
1	GIA & EN not ready

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee:

Transportation:

\$ - RS. \$

Fuel

Others

TOTAL

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format :

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