

ASS. REC. BY:

REF:

MID. / 210132081/KP

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:

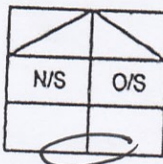
Excess:

(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 Rpt:

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

03124

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

XD 3474R

Yr Regn:

03, 08

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

Truck / Trailer or

Make:

Mit

FV51J

c.c

12882

Colour:

Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

681113

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FV51JJA 00464

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N / S / R / Lm / STD A / R / Lm or

Tyre Size:

Centara

R:

295 / 80R22.5(10)

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI / (D)

TOYO / YOKO or

Front

R/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

23/12/21

Rear

R/Bal.

88

66 mm

L/Bal.

88

66 mm

D.O.I.

4/2/2022

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

/ Est not ready

1412 / 11 Amp & 2800 Cables

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: (\$