

ASS. REC. BY: Tough

REF: CS/ASUM 21010630/T143-1

ASSIGNMENT

Front _____ 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.

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

Bal. or Market Value: _____
IDAC Accident Rport: _____ 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: SMT6433K Yr Regn: 2020, July
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda Vezel Hybrid c.c. 1496
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: RU 31522398
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 215/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 17/1/22 @ 1015
Survey held at Prowork Garage
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 |
|-------------|----------------------|
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Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2) _____
Report Format: _____
Lump Sum / I.B.L. / :

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Wheelend (\$))
Survey Fee: _____
Transportation: _____
S + RS. SI _____
Photos _____
Others _____