ASS. REC. BY:		REF: GRB/ 22001253/Kg

Kenneth

ASSIGNMENT

Left column	Right column

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Chev Crown
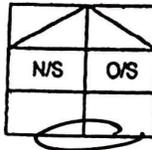
of _____

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 Rport: _____ 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

Date: _____ Person Contacted: _____   Vehicle: IN / OUT

Right side:

Veh No: SKT 5386T   Yr Regn: 06, 15

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

Make: Hyundai Elantra cc 1591

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

Sp.Reading 104993   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDH 41CMFU 442100

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16
             R: _____

	N/S	O/S

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	6/2/2	D.O.I.	10/2/2022

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

Left margin (vertical): Amount | Unit Price | Qty

Date/Time, File Pass to?   ☐ : Prell. 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

Fares

Others

Report Format :

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

TOTAL _____