

10 / 220027411kg

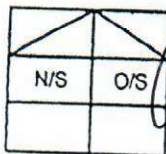
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s MBM
 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: 885-95k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 09 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/30 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKP 9838B Yr Regn: 12, 10
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Isuzu XF c.c. 2995
 Colour: M. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 103482 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SATA C0508BF 97368
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 23/3/22 D.O.I. 28/3/2022
 Survey held at ✓ 2.10pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

4/5 21.2m @ 23,400 Condr

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

\$ - RS. SI

Parties

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Invs (\$)
☐ : Weekend (\$)

Report Format :

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