

ASS. REC. BY:

REF: ASM/22003112/KgKenneth

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: 849K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 08/29

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STS 8857E Yr Regn: 09, 09Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Vios c.c. 1497Colour: M. Grey A/C: ☒ Insured / Std / NI / NASp. Reading: 186383 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: MR0531449305126557Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: ☒ Nil / STD A/Rim orTyre Size: F: 185/60R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 2/4/22Survey held at ✓

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 5/4/2022Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 GIA & EM not ready

no, File Pass to?

☐

Prell. Report

☐

Final Report

no, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. \$ _____

Fees _____

Others _____

Add Fee: ☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

TOTAL

Format: _____

Sum / L.B.I: (\$ _____)