

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SME 874Pat Workshop m/s Wicked Works 01-04

of _____

Insured: SM B 35865

Policy No. _____

Claims No. _____

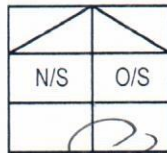
Sum Insured: _____

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: \$55k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

CA / REV / REP. / 24 HRS

895B
Vehicle: IN / OUTDate: _____ Person Contacted: Ang 7k.Veh No: SME 874PYr Regn: 20/09/10Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CA /Make: KIA Cerato Ex brt c.c 159/Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 107 428

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFU411MA5-228427Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 02/04/22D.O.I. 6/4/22

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

coe until 19-09-2030 LTA & L80124/5 \$1300

RED: 8117.37;86%

MV: 55,000
LTA: 28,012.00
NV: 26,988.00

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

170

50

50+50

57

377

Report Format :

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