



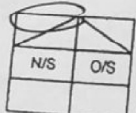
Kenneth

ASS. REC. BY:

REF: C12 / 22003735/K

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
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: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2-3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Date / Time _____ Action / Instruction
EA NOT ready

Veh No: SMS 22406 Yr Regn: 02, 20
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mit Space Sta c.c. 1193
Colour: M.P. Blue A/C: Insured / Std / NI / NA
Sp. Reading: 68505 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MMBXTA03A L11000356
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rlm / STD A/Rlm or
Tyre Size: F: 175/55R15
R: _____
S / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front
R/Bal. 7 mm
L/Bal. 7 mm
D.O.A. 16/4/12
Survey held at
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FR N/S
The U/C / Chassis frame / Body Structure affected due to collision.
Rear
R/Bal. 7 mm
L/Bal. 7 mm
D.O.I. 25/4/2012

Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

\$ + R.S. \$

Fixings

Others

TOTAL

Format:

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

Signature:

Date: