

ASS. RECD. BY:

REF: CT2/220050301KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ EM

of _____

Insured: _____

Policy No. _____

Claims No. _____

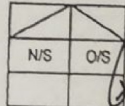
Sum Insured: _____ Excess: _____

(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: 09 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SEP 3689A Yr Regn: 05, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Shuttle c.g. 1496

Colour: M-Black A/C: Insured / Std / NI / NA

Sp. Reading: 76814 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GKP 1102894

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A S/Rim / STD A/Rim or

Tyre Size: F: Kapsen 185/60R15

R: Arivo

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 28/5/22 D.O.I. 27/5/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S body & u/c

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1/ EIT not ready, PRS, move to OD claim.

EM repair 04 86-7k

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Part's _____

☐ : Tech Invs (\$ _____)

Others _____

☐ : Weekend (\$ _____)

TOTAL

Report Format :

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