

ASS. REC. BY:

WAZ

REF.

FWD

L/S

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: 54K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date _____ Person Contacted: _____

Veh No: SDW 4323Z Yr Regn: 14/1/2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HONDA VEZEL 1.5 XA (C.C.) 1,496Colour: BLACK A/C: Insured / Std / NISp. Reading: N.A. - wiring affected T/Radio: Insured / Std / N

Eng/No: _____

C/No: RUI1106786

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 215/60 R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 8L/Bal. 4 mm L/Bal. 8D.O.A. 26/6/2022 D.O.I. 30/6/2022Survey held at PROGRESSIVE AUTODes. of Damages: FR Rear / O/S / N/S / U/C / Rooftop or

FRONT OFF SIDE REAR SIDE

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

Date / Time _____ Action / Instruction _____

COE Rebate \$25,546.00
Repair Limit \$26K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation:

S + RS \$

Photos

Others

TOTAL

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

Report Format: _____

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