ASS. REC. BY: Steve | CS/SM0 72 007 180/ECY3 |

ASSIGNMENT

Field	Value
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.

	N/S	O/S
26		

Bal. or Market Value: _____

IDAC Accident Rport: _____   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: SML 9512 M   Yr Regn: 12/6/19

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

Make: Honda Vezel   c.c 1496

Colour: Blue   A/C: Insured / Std / Nil / NA

Sp.Reading 73034X   T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: RU1317/83

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear		
R/Bal. 4	mm	R/Bal. 4	mm
U/Bal. 4	mm	U/Bal. 4	mm
D.O.A. 15/7/19		D.O.I. 29/7/19		

Survey held at   Genus Performance

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
MV- 93k	Waiting estimate

Date/Time, File Pass to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / L.B.L ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. ___ SI

Photos _____

Others _____

TOTAL _____