

ASS. REC. BY:

REF: Asm/ 220075191kpKenneth

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. _____

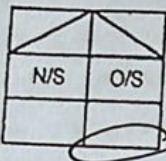
Sum Insured: _____

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: 846k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 12/21 Person Contacted: _____

Vehicle: IN / OUT

Veh No: STB 3886UYr Regn: 01, 08

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

Truck / Traller or

Make: 1 HondaColour: WhiteSp. Reading: 516722

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NII / 8/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 7/8/22

Survey held at _____

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

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

Date / Time

Action / Instruction

GIA & EH not in w/csp.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

Survey Fee: _____

Transportation: _____

S - RS \$ _____

Report Format: _____