ASS. REC. BY: REF: AIS/ 22007569/Kp   C

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: SJU 2486P Yr Regn: 11, 09
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	Make: Toy Vios E (A) c.c 1497
at Workshop m/s NGS	Colour: M. Silver A/C: Insured / Std / NI / NA
of _____	Sp.Reading 35375 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: MR053HY930 5140070
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Arivo _____
R: Westlake 185/60R15

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	5	mm
L/Bal.	8	mm	L/Bal.	5	mm
D.O.A. 29/7/22			D.O.I. 10/8/2022		
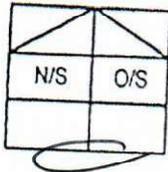
Bal. or Market Value: _____

IDAC Accident Rport: _____	Consistent? : Yes or No
GIA / PR Seen: _____	Consistent? : Yes or No
Est. Repairs: 05 days	Res.: Yes or No
Lum Sum: 20 %	3 Val.: Yes or No

Survey held at

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

CA / REV / REP. / 24 HRS
1024

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

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

Date / Time	Action / Instruction
12/8	1/Sy @ 2700. Cash

Date/Time, File Pass to?	☐ : Prell. Report	Days Of Repair: _____	
1) _____	☐ : Final Report	Resurvey No. of Trip: _____	Survey Fee:
Date/Time, File Return to?			Transportation
2) _____	Add Fee: ☐ : Site Insp ($)	S + RS SI
	☐ : Interview ($)	Fee fos
Report Format :	☐ : Tech Invs ($)	Others
Lump Sum / I.B.I: ($)	☐ : Weekend ($)	TOTAL