

ASS. REQ. BY:

Kenneth

REF: 105/22008014/KV

C

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLM 2830Y

Yr Regn:

03, 17

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

Truck / Trailer or

Make:

Subaru

Outback

c.c

2498

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

81207

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JF 2B59KC26G043088

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD / RIM or

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

13/7/22

D.O.I.

26/8/2022

Survey held at

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

O/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

27/8/21 Rep & Body Ck

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

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

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