

ASS. REC. BY:

REF:

AGI/220080881Kc

Kenneth

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:

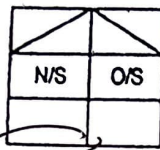
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

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

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBH 4752X

Yr Regn:

06/18

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

Truck / Trailer or

Make:

NAS NV350

c.c.

2488

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

07413

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1 MC 24 267 0030350

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F: Dun

195R15X8

R: Toyo

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

19/8/22

D.O.I.

27/8/2022

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

14/10/2022 Finalised L/S \$3,650.000 @ 05 days (Red \$2,286.45/ 39%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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