

ASS. REC. BY:

REF:

A/G/ 22 00 82061kp

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

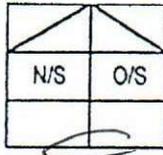
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.3.12 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 5886L Yr Regn: 01.19

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour M.P. White 1Pr A/C: Insured / Std / NI / NA

Sp. Reading 381557 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31U F03079065

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: Wanli 195/65R15

R: Pirelli

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 8 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 28/6/22

D.O.I. 22/8/2022

Survey held at _____

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

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

Date / Time

Action / Instruction

29/8 8270h Concl

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$)

Transportation:

: Interview (\$)

\$ - RS. \$

: Tech Invs (\$)

Fees

: Weekend (\$)

Others

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL

Empty box for recording fees and totals.