ASS. REC. BY: Kenneth

REF: INC/ 22008475/Kv

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Celebrity

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.

N/S	O/S

Bal. or Market Value: $45/c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 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: YG 994H Yr Regn: 01, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MT Canter c.c 2998

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 57906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB21-EA 20166

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 195/85R15 (01)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	26/8/22	D.O.I.	31/8/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	PRS

te/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

te/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Photos

Others

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL

ort Format :

p Sum / I.B.I: ($ _____)