

ASS. REC. BY: NAZ

REF.

CT1

L/S

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

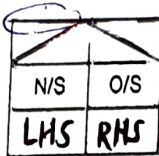
Claims No. _____

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: 61K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date _____ Person Contacted: _____

Veh No: SLE 4273J Yr Regn: 21 JULY 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HONDA VEZEL 1.5X A (C.C) 1,496Colour: WHITE A/C: Insured / Std / NISp. Reading: N/A (wing affected) T/Radio: Insured / Std / N

Eng/No: _____

C/No: Ru11112239Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 215/60 R16R: 11BS: PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 4L/Bal. 5 mmL/Bal. 4D.O.A. 31/8/2022D.O.A. 6/9/2022Survey held at AUTO INSUREDes. of Damages: FR Rear / O/S / N/S / U/C / Rooftop or

FRONT

OFF-SIDE

NEAR-SIDE

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

CT1 L/S

Date / Time Action / Instruction

COE Rebate: \$28,620.00

Repair Limit: \$30K

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS, \$ _____

Photos

Others

TOTAL

Report Format: _____

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