

ASS. REC'D By:

Stere

CS/AWA 11009251/EWY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / IP 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.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 G/A / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKR 8484J Yr Regn: 13/3/15
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA. PATE c.c. 1591
 Colour: Blue A/C: Insured / Std / HI / NA
 Sp. Reading: 163009 T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: KNAF 2411MP 5349345
 Gen. Cond: Good ☒ Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SRM / STD A/Rim or _____
 Tyre Size: F: 205/55R16
 R: _____
 BS ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 5 mm Rear R/Bal. 6 mm
 U/Bal. 6 mm U/Bal. 5 mm
 D.O.A. 16/7/22 D.O.I. 11/1/22
 Survey held at Cycle
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

21/11/2022 Finalised P/P \$3,146.00 @ 03 days (Red \$3,422.73/ 52%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

\$ + P.S. \$ _____

Price:

Other:

TOTAL