

ASS. REC. BY:

REF:

A15/ 22009589/ke

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

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:

XD 91606

Yr Regn:

06.14

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

Truck / Traller or

Make:

Volvo FMX370

c.c

10837

Colour:

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

630466

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

YV2J1E105DA750838

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M11 / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22.5

R:

(b)

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal.

9

mm

R/Bal.

77

77 mm

L/Bal.

9

mm

L/Bal.

77

77 mm

D.O.A.

24/9/22

D.O.I.

29/9/2022

Survey held at

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

N/S 151

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

Date / Time

Action / Instruction

4/11 21 Sep @ 13, Foot Cabs

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:

S - RS. SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$