



ASS. REC. BY:

REF: 0721

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. _____

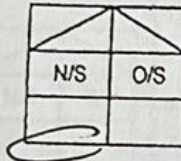
Claims No. _____

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: 03 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNA 3532RYr Regn: 06, 21Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: Dark Blue A/C: Insured / Std / NI / NASp. Reading: 19176 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU 1 1321080Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / Rrim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 17/9/22D.O.I. 3/10/2022

Survey held at _____

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

Regr N/S

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

Date / Time

Action / Instruction

1 EH not ready

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

) \$ - RS. \$

☐ : Interview (\$)

) Pm/As

☐ : Tech Invs (\$)

) Others

☐ : Weekend (\$)

Report Format :

ump Sum / I.B.I: (\$)