

ASS. REC. BY:

REF:

ASW 22 0099151kp

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. _____

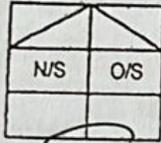
Claims No. _____

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: 8243k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02-3 days Res.: Yes or No

Lum Sum: 1.0.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PKD 606B Yr Regn: 05, 22

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

Truck / Traller or

Make: Lexus 15300h c.c. 2494

Colour: M.P. white A/C: Insured / Std / NI / NA

Sp. Reading: 3989 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT14BH10 2205088392

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: 235/45R18

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 5/10/22

Survey held at

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 7/10/2022

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

EM not ready

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Report Format: