

ASS. REC. BY:

REP:

CS/TP22010179/Ac

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

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

Veh No: SMH 31349 Yr Regn: 2019, Jan.

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

Truck / Trailer or

Make: Mazda 6 c.c 1998

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 67007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM66L1072K0311705

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R17

R: 225/55R17

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 13/10/22

Survey held at Henry Kee

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

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

Date / Time	Action / Instruction
	TP OAC Independent.
2/1/23	Adrian finalized LS \$6,000; 4 days with repairer. (Red. 7645, 56%)
	MV:
	PV:
	Nett:

222F

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Report Form: _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Techn. Inve (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others
