

ASS. REC. BY:

REF:

II / 22012413/kp

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:

895k

IDAC Accident Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMN 625 U

Yr Regn:

07, 19

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

Truck / Trailer or

Make:

Renault

Scenic

c.c.

1461

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

265495

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VFIRFA 00262704546

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

195/55R20

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

TOYO / YOKO or

Greenlander

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

9/12/22

Rear

R/Bal.

5

mm

L/Bal.

5

mm

D.O.I.

13/12/2022

Survey held at

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

O/S 1st

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

N/S	O/S

Date / Time Action / Instruction

EM not ready

Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fin. Ins

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

ort Format :

Sum / I.B.I: (\$