

ASS. REC. BY:

REF:

CS/ASM22012593/Kwp3

From:

Date:

Estimated Cost:

ASSIGNMENT

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn:

11, 16

cc 1591

AC: Insured / Std / Nil / NA

T/Radio: Insured / Std / Nil / NA

KMHD841CM14 308662

1P5/65R15

Falken

Rear

R/Bal.

L/Bal.

D.O.A.

16/12/2022
12-35

31/01/2023 Finalise L/S \$4,950.00 @ 5 days (Red \$6,022.40/55%)

Date/Time, File Pass to?

31/01/2023

1) TYPIST

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S = RS. \$

P. 1.38

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

ump Sum / I.B.I. (\$ L/S \$4,950.00