

ASS. REC. BY:

REF:

SAR/ 230001421kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/ODRES/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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

PRS, no document given
EN repair con 82-3k

Veh No:

PTQ 7067D Regn: 05, 09

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

Truck / Trailer or

Make:

Honda

Colour:

M. Gray

Sp. Reading

243483

Eng/No:

C/No:

GTI 1304060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

175/65R15

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

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

3/1/22

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

FR OIS

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

Survey Fee:

Transportation

S - RS, SI

Fees

Others

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Days Of Repair:

Resurvey No. of Trip:

o/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

o/Time, File Return to?

ort Format:

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

Report Format:

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

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

S - RS, SI

Fees