

ASS. REC. BY:

REF:

CS/AWA23000370/Aqy3

ASSIGNMENT

(XE 5102X)

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: TRB7376X Yr Regn: 2005, August.

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

Truck / Trailer orMake: Hock Nam Seng 40 Footer C.C. -Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: HAS804605 *Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 11.00 R20R: 11.00 R20

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

TOYO / YOKO or

Shanling

Front _____ Rear _____

R/Bal. 08 mm R/Bal. 08 mmL/Bal. 08 mm L/Bal. 08 mmD.O.A. _____ D.O.I. 18/01/23Survey held at 51 Gul CircleDes. 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 AWA.

Adrian confirmed lump sum: \$4000 and 3 days

MV: (red, \$2865, 42%)

PV:

Nett:

13014

Date/Time, File Pass to?



Preli. Report

1) 02/03/23



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 3

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Report Format:

TP

Insurance Company / REP. / (C)