

ASS. REC. BY: Marcus

REF:

CS/ Fc/ 23000827/4p3m4

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:

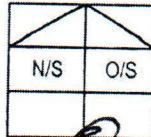
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

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

Tyre Size:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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, File Pass to?

1) 6/2/23

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

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

TP

8000

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

(34 x 15)

170 + 510

50

50 + 50

87

917

6/2/23 H/S & 8000 insured Kent
(Red. \$ 36652.40, 82%)