

REC'D: T. J. J. J.

REF: CS3/INC 2300/247/T933

ASSIGNMENT

2025 84

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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: _____

DAC Accident Report _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time _____ Action / Instruction _____

Veh No: 5521316C Yr Regn: 2010 / 004

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

Truck / Trailer or _____

Make: Kia Cerato Ex Forte C.C. 1591

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 189039 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNA FU411MA 5261977

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SP / STD A/Rim or

Tyre Size: F: 195/60R15

R: 195/60R15

BS / DUN / EXNOVA / GY / FS / LZA / MD / DHTSU / PIR / SUMI /

TOYO / YOKO, or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.L. 06/02/23 close

Survey held at Garage 13

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

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

Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : See below