

ASS. REC. BY:

REF:

AG2/ 23001356 / kny3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of 5033 01-233 4232

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: 845K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 5 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

/ PRJ

EN report com 84-5K

10/2/23 submit PRS / repair range 4K - 5K and 5 days

Veh No: SLC 8952E Yr Regn: 05, 16

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

Truck / Trailer or (A)

Make: Mazda 3 c.c. 1498

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

Sp. Reading: 199655 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 8BM 42A 8G 0334 474

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SIRIm / STD A/RIm or

Tyre Size: 205/60R16

R: Wind force

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 2/2/23

Survey held at

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

FR O/S

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

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 9/2/2023

Date/Time, File Pass to?

☐: Prel. Report☐: Final Report

1) 10/2/23

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. \$

Fees

Others

TOTAL

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech Invs (\$)☐: Weekend (\$)

Report Format: PRS

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