

ASS. REC. BY:

REF:

A15/230018611K

Kenneth

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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKW 1854U Yr Regn: 10, 15

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

Truck / Trailer or

Make:

Hyundai Veloster C.C. 1591

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

111340

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMITC 61CM GU 276419

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/45R17

R:

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

10/2/23

D.O.I.

21/2/2023

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

/ CTA reha 25,641.00

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation

S - RS. SI

Fees

Others

Report Format :

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

TOTAL