

ASS. REC. BY:

REF: TH /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 _____

Insured: _____

Policy No. _____

Claims No. _____

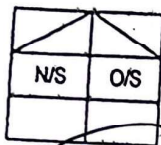
Sum Insured: _____

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: 8122k

IDAC Accident Report: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 4-5 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

Veh No: SMW 6341BYr Regn: 11, 20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyotac.c. 1798Colour: M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 253666

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ITDKB3FW203092791Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / ST/A/Blm orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 6 mmL/Bal. 9 mmL/Bal. 6 mmD.O.A. 20/2/23D.O.I. 22/2/2023

Survey held at _____

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

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

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

P. Ins

Others

Add Fee: ☐

: Site Insp (\$)



: Interview (\$)



Tech Invs (\$)



Weekend (\$)

port Format :

mp Sum / I.B.I: (\$)

TOTAL