

ASS. REC. BY:

REF: 711 ✓Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Autowork

of _____

Insured: _____

Policy No. _____

Claims No. _____

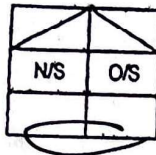
Sum Insured: _____

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: \$40k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 06 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: SK 28576KYr Regn: 02 16Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Axi ^(A)C.C. 1496Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 418328

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE161 0010108Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: ☒ NI / S/Rim / STD A/Rim or _____Tyre Size: 185/60R15R: PirelliBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

R/Bal. 7 mm

Rear

R/Bal. 6 mmL/Bal. 7 mmL/Bal. 6 mmD.O.A. 21/2/23D.O.I. 24/2/2023

Survey held at _____

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Transportation

) \$ - RS. \$

) Fuel

) Others

TOTAL

Report Format :

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