

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/11123002172/Ugy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLD256Rat Workshop m/s precise

of _____

Insured: PA83324

Policy No. _____

Claims No. _____

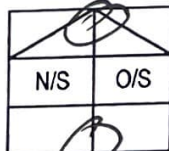
Sum Insured: _____

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: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

8876

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SLD256R Yr Regn: 1Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Monde verde

c.c

1496Colour: Silver

A/C:

Insured / Std / NI / NA

Sp. Reading: 123810

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R41 1113655Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F:

F:

R:

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

TOYO / YOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 24/02/23D.O.I. 28/2/23

Survey held at _____

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format :

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

TOTAL