

ASS. REC. BY:

REF: C721Kenneth

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: _____

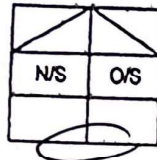
Excess: _____

(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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 6-8 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 11/24

Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	

Date/Time, File Pass to?

☐

Prel. Report

Date/Time, File Return to?

☐

Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Weekend

Veh No: SMM 734 TYr Regn: 02, 10Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HisC.C. 1391Colour: M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 260222

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFW411MA5174808Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225/45R17

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 8 mmR/Bal. 9 mmL/Bal. 8 mmL/Bal. 9 mmD.O.A. 3/3/23D.O.I. 7/3/2023

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.