

ASS. REC. BY:

REF:

A15 / 23002493/kp

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:

865K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

14-18 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

Battery flat, em not ready

Veh No:

SKU 5759X

Yr Regn:

08, 15

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

Truck / Trailer or

Make:

Mw CLA180

c.c

1595

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD1173422N 222331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/35ZR19

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Goodride

Front

Rear

R/Bal.

7

mm

R/Bal.

mm

L/Bal.

7

mm

L/Bal.

mm

D.O.A.

3/3/23

D.O.I.

9/3/2023

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

& K1

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

to/Time, File Pass to?



: Prell. Report



: Final Report

to/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

ort Format :

p Sum / I.B.I: (\$