ASS. REC. BY: Kenneth | REF: AIG / 2300265 2 Ky

ASSESSMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alan's

of 461J

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1·B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGN8686Z Yr R. 08 / 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Truck / Trailer or Wagon

Make: Toy Estima A/ 2362

Colour M. Maroon A/C: Rec / S/S / NI / NA

Km.Reading 255963 T/Radio Rec / Cld / NI / NA

Eng/No: _____

C/No: ACR50 7069346

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mags: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	12/3/23	D.O.I.	15/3/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roof / Top or c/s Rear body

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 ($ _____) Transportation $ - RS. _____ S

☐ : Interview ($ _____) Parking

☐ Tech Invs ($ _____) Others

☐ Weekend ($ _____)

TOTAL _____

Report Format :

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

REF: SPK / 2300265 2 KY