

ASS. REC. BY:

REF:

A/S/ 23002918/K

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:

IDAC Accident Report:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Prel. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Transportation

S - RS. \$

Fees

Others

Veh No:

SLU 308PX

Yr Regn:

11, 17

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

Truck / Trailer or

Make:

Honda Trail

c.c.

1496

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

42470P

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GB7

1048294

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: ☒ S/Rlm / STD A/Rlm or

Tyre Size:

Generalac 185/65R15

Road Stone

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

16/3/23

D.O.I.

23/3/2023

Survey held at

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

N/S body

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