

(08/11/13)

ASS. REC. BY:

REF

C93/ATG 23002919/Sq.43

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMK 52772 Yr Regn: 12/4/2019

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

Truck / Trailer or

Make: HONDA SHUTTLE 1.5G C.VT 1496Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 60676 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GR 82001987Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 185/60 R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 22/3/23

Survey held at _____

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

rear n/s

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

Date / Time Action / Instruction

12/3/23 Submit LS \$6800, 8 days cred \$3900, 267.

Date/Time, File Pass to?

☐ : Prell. Report1) 12/3/23 hurry☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 8Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$ 6800)