

ASS. REC. BY:

REF:

AIS/23002937/K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

Smm 6756R

Yr Regn:

07, 19

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

Truck / Trailer or

Make:

Honda Civic VTi.c.c

1597

Colour

M. P. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

100083

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NRHFC5650KT 000546

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

225/45R18

R:

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

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/3/23

D.O.I.

4/4/2023

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.

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S - RS. SI

F. P. Ins

Others

TOTAL

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Report Format :

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