

ASS. REC. BY:

REF:

AIS /

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:

07 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

Veh No:

STT 5372UNr Regn: 10, 09

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

Truck / Trailer or

Make:

Toy Vios 5 C.C. 1897

Colour:

M. Blue A/C: Insured / Std / NI / NA

Sp. Reading

212262 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR05314Y930 5131860

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size:

Continental 185/65R15

R. Hopen

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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.

22/3/23

D.O.I.

23/3/2023

Survey held at

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

& PRT

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

Prell. Report

Days Of Repair:

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S - RS. SI

F. & M.

Others

Report Format :

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

TOTAL