

ASS. REC. BY:

CU4/Am 23002504/HT

ASSIGNMENT

Spa3

From:

Date:

Estimated Cost:

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

To Inspcd Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veic

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAG Accident Report:

GIA / PR Secr:

Est. Repair:

Lump Sum:

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN/OUT

Veh No:

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

Truck / Trailer or

Make:

ISUZU NJR85A4E6W

CC

2000

Colour

Sp. Reading

Eng/No:

ChNo:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

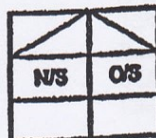
The U/C / Chassis frame / Body Structure affected due to collision.

Yr Regr:

22 NOV 2013

AC: Insured / Std / N/A

T/Radio: Insured / Std / N/A



Data/Time Action/Instruction

Data/Time, File Pass to?

1) Data/Time, File Return to?

2)

Report Format:

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

☐: Prel. Report☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RT (\$

Photos:

Others:

TOTAL

Balance: 8.4 m

yearly:

mv:

N/V: