

ASS. REC. BY:

REF:

A15/23003645/Kp

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 Rpt:

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

Veh No:

SLX 18954

Yr Regn:

06, 11

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

Truck / Trailer or

Make:

Hyundai Elantra cc

159

Colour

M Blue

AC:

Insured / Std / NI / NA

Sp. Reading

168261

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD / R/Rim or

Tyre Size:

F: P17

205/55R16

R: Dun

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

Front

R/Bal.

6

mm

Rear

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

4/4/23

D.O.I.

10/4/2023

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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