

ASS. REC. BY:

REF:

TJ / 23003834/KP
GRB

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.

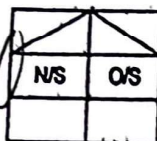
Sum Insured:

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 Report:

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:

SLG 4495A

Yr Regn:

09.16

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

Truck / Trailer or

Make:

Honda Vezel

C.C.

1996

Colour

M.D. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

178105

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Ru3 1211200

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

3/4/23

D.O.I.

17/4/2023

Survey held at

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

N/S body

The U/C / 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?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

F. Ins.

Others

TOTAL

Report Format:

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

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$