ASS. REC. BY: Kenneth

REF: TI / 23004156/Kp

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Premium

of Cars

Insured: 0550

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11.30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMN 2447D Yr Regn: 07, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A.

Make: Opel Insignia c.c 1598

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 293833 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: W0VZM6EF6K1055888

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NII / S/Rim / STD A/Rim or

Tyre Size: F:

R: 225/55ZR17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	17/4/23	D.O.I.	29/5/2023

Survey held at

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: S + RS S

Parking

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ Weekend ($)

TOTAL

Report Format :

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