

ASS. REC. BY:

REF: TU /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: _____

10:30am

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$229k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 1.61 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNC 8138C Yr Regn: 11, 21Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Tesla Model 3 C.G. _____Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 20865

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LRW3F7FA9MC 385502Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/45 ZR18

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/4/23

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 28/4/2023

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.

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Transportation

) \$ - RS. \$

) Fines

) Others

port Format :

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

TOTAL