

ASS. REC. BY:

REF:

AIS/ 23.004705/ky

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop invs

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:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

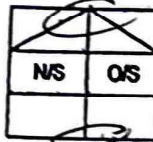
CA / REV / REP. / 24 HRS

Date:

08/12/23

Person Contacted:

Vehicle: IN / OUT.



Veh No:

STJ 9145

Yr Regn:

09.08

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

Truck / Trailer or

Make:

Toy Estima

cc

Weyon 2362

Colour:

White

AC:

Insured / Std / NI / NA

Sp. Reading

250002

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/Nr:

ACR 50

0-75058

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / Std / STD A/Rim or

Tyre Size:

F:

225/30R18

R:

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

TOYO / YOKO or

RoadStone

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/5/23

D.O.I.

9/5/2023

3

Survey held at

Des. of Damages: Frt / Rear / QS / NS / UIC / Rooftop or

Rear

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

Date / Time

Action / Instruction

1 / From person can pay??

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

TOTAL