

ASS. REC. BY:

REF:

A15/230048531K

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.

N/S	O/S

Bal. or Market Value: 842K

IDAC Accident Report:

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:

SUB4151T

Yr Regn:

04.18

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

Truck / Trailer or

Make:

Toy

A10

c.c

1896

Colour:

M. Blue

AC:

Insured / Std / NI / NA

Sp. Reading

62379

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NRE161 0013858

Gen. 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:

185/60R15

R:

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

YOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

5

mm

L/Bal.

2

mm

L/Bal.

5

mm

D.O.A.

8/4/23

D.O.I.

15/5/2023

Survey held at

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

O/S

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ - RS. SI

) F.D. 200

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 1