

ASS. REC. BY:

REF:

IV / 23005237/ky

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s IMBT

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 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: SHB 5424Y Yr Regn: 111 CF

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour: M. Brown AC: Insured / Std / NI / NA

Sp. Reading: 538168 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKCB3FU203575570

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 / R/Rim or

Tyre Size: F: _____ R: 195/65R15

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

TOYO / YOKO or Polun

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 21/5/23

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 25/5/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____
S - RS _____ \$

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Paints

Others

TOTAL

Report Format :

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