

ASS. REC. BY:

REF:

A15/23005643/K

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:

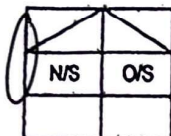
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

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:

SLC 5094M

Yr Regn:

05.16

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

Truck / Trailer or

Make:

Kia Forte K3

C.C.

1591

Colour

M.P. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

109730

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAFX411MG 5603834

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

2/6/23

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

6/6/2023

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

/

Est not ready

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL