

ASS. REC. BY:

REF: LPC / 23005718/Ky

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Hws Beng

of 7452

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: 299K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 10 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: SMN 87147 Yr Regn: 08, 19

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

Truck / Traller or Wagen

Make: Toy Sienta c.c. 1496

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 152799 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170 7174916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NT / S/Rlm / STD A/Rlm or

Tyre Size: Emerlander 185/60R15

R: Minnell

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 3/6/23

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 7/6/2023

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

\$ - RS. SI

Fixes

Others

TOTAL

Report Format :

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