ASS. REC. BY: Kenneth | REF: SMOJ

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Jb Car

of 02-45 327C

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: 847K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 06/7 Person Contacted: Vehicle: IN / OUT

Veh No: GBC 4736U Yr Regn: 07 12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Dyna c.c 2982

Colour Green A/C: Insured / Std / NI / NA

Sp.Reading 363896 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA T35Y 10K 202014

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: B.S 195R15X8

R: Yoko 155R12X8(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 8 mm
L/Bal.	9 mm	L/Bal.	8 8 mm
D.O.A.	12/6/23	D.O.I.	16/6/2023 (Tue)

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s

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

Date / Time	Action / Instruction
/	PRS
	En repair cost $3-4K

me, File Pass to? ☐ : Prell. Report ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Format :

um / I.B.I: ($ _____)

☐ Weekend ($ _____) Others _____