

ASS. REC. BY:

REF:

TII / 23006197/KP

Kenneth

GIB

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: _____

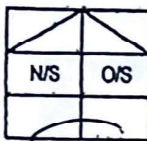
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 862/c

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 1.13%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: PMN 8887TYr Regn: 12, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy HarrierCC: 1986Colour: M.P. White

AC: Insured / Std / NI / NA

Sp. Reading: 154467

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ESU 60

0064279

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / A/Rim orTyre Size: F: 175/65R17

225/65R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mmR/Bal. 7 mmL/Bal. 5 mmL/Bal. 7 mmD.O.A. 17/6/23D.O.I. 20/6/2023

Survey held at _____

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

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

Date / Time Action / Instruction

/ WK Sp Said I.B.I., no 2nd after making bumper.

Data/Time, File Pass to?

☐

Prel. Report

1)

Data/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: ☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation

S - RS - SI

Fees

Others

Report Format :

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

TOTAL

TOTAL