

ASS. REC. BY:

REF:

HSB/ 23006480/KP

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:

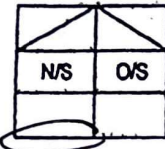
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 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:

SKX1909R Yr Regn: 11, 15

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

Truck / Trailer or

Make:

Honda Vezel C.C. 1496

Colour

M. Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

174588

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU1 1105161

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F: Nides 215/60R16

R:

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

TOYO / YOKO or

Front

R/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

23/6/23

Rear

R/Bal.

7 mm

L/Bal.

7 mm

D.O.I.

27/6/2023

Survey held at

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BZ

Date/Time, File Pass to?

☐

: Prell. 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 (\$

) \$ + RS. SI

) Fines

) Others

TOTAL

Report Format :

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