

(08/11/13) wef

ASS. REC. BY: *mm*

REF:

CV/ABS 23006543/REC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *GBF 5612X*

at Workshop m/s *ABS FINANCIAL*

of *38M, PLOUGH RD*

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: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lump Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: *GBF 5612X*

Yr Regn: */*

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

Truck / Trailer or

Make: *FIAT DOBLO*

c.c

Colour: *Brown*

A/C: Insured / Std / NI / NA

Sp. Reading: *-*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *ZPA 26360006D16672*

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: *175/60R16*

R: *-*

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

TOYO YOKO or

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. *28/06/23*

Survey held at: *ABS*

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, File Pass to?

☐
☐

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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