

(CS/INC24080380/Anh3)

ASSIGNMENT

From: _____ Date: _____
Estim: _____
OD / TP / RES / OD RES / EVA / INV / MV
To In Vehicle No: _____
at Workshop / _____
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____
(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBL71716 Yr Regn: 2020, Nov
Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Topla Hiace DX C/D 2754
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 85356 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: GDH202014663
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195 R15C
R: 195 R15C

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

Front _____ Rear _____
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 22/08/24

Survey held at JEC

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

TP / AIC

COE Expiry: _____

Estimate given during: Yes ()
1st Survey: No ()

MV: _____
PV: _____
Nett: _____

Adrian confirmed lump sum \$5800 and 6 days
(red, \$7830.38, 57%)

308C

Date/Time, File Pass to?

☐
☐

: Preli. Report
: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Inve (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

1. Main Report / P. 1 / 1