

ASSIGNMENT

From: _____ Date: _____

Estn: ~~Estn~~ ^{Estn} _____

OD / ~~TP RES~~ / TP RES / CD RES / EVA / INV / MV

To in ~~Vehicle~~ ^{Vehicle} No: _____

at ~~Work~~ ^{Work} in/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Vehicle 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: GBF7457P Yr Regn: 2017, May

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982

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

Sp. Reading: 197421 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KD1H2010206674

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15C

R: 195R15C

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

TOYO YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 11/09/24

Survey held at KT Motorwork

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

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

COE Expiry: _____

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

MV:

PV:

Nett:

922G

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

Report Form: _____

Report Form: _____