

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: The vehicle had commenced its repair at the time of inspection.

Est. 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: YP 5028H Yr Regn: 2016 / Dec.

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

Truck / Trailer or

Make: Hino XZ470R C.D. 4009

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

Sp. Reading: 312362 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 7.00 R16

R: 7.00 R16

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

TOYO / YOKO or GT

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 23/10/24

Survey held at KT Motorwerk

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

Rees o/s

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

Date / Time Action / Instruction
TP Budget Direct.

COE Expiry: _____

Estimate given during: Yes ()

1st Survey: No ()

MV:

PV:

Nett:

387A

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + R.S. \$

Photos

Others

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invt (\$)

Report Format:

1. Main 2. Main / L.P. / P.M.