Asst: Sect: REF:

ASSIGNMENT

From: Date:

Estim: Request:

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

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: GBF5546D Yr Regn: 2016 Dec

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

Make: Toyota Dyna. c.c 2982

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

Sp.Reading 316917 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDY231802556 2.

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: 195R15C BS

R: 155R12C Bridgestone

	N/S	O/S

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

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

	Front		Rear	
R/Bal.	06	mm	R/Bal.	06 mm
L/Bal.	06	mm	L/Bal.	06 mm
D.O.A.			D.O.I.	18/11/24

Survey held at NSI

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 ~~MSIG~~ Budget Direct. COE Expiry :
	Estimate given during : Yes ( )
	1st Survey : No ( )
	MV : 34K
	PV : 9.4K
	Nett : 24.6K

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

Survey Fee:	
Transportation:	
S + RS:	$
Photos	
Others	