

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: WC 4324B

at Workshop m/s

of

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.

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

Date / Time

Action / Instruction

Veh No:

WC 4324B

Yr Regn:

2011 / Jun

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

Truck / Trailer or

CEMENT-TRUCK

Make:

SCANIA P340CB6X4MH2 c.c. 11705

Colour

WHITE

AC:

Insured / Std / NI / NA

Sp. Reading

443250

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

XLE P6X4000 5262937

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:

315/80R22-5

R:

0/D

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUNI /

TOYO / YOKO or

SUPER ETOT

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

29/07/24

D.O.I.

01/08/24

Survey held at

TWAS AVE 2

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

REAR O/S

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

ESTIMATE RANGE OF REPAIR / NO OF DAYS - (2K-3K) / 4 days

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Invs (\$
☐ : Weekend (\$

) S+RS \$

) Photos

) Others

)

Report Format :

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

TOTAL