

Supervisor:

MA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: 10th MOTOR

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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.: ST882 H. Yr Regn: APR 105

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

Truck / Trailer or

Make: BU AC13 C.C. 1598

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

Sp. Reading: NO READING T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WRO532EC1070.82013

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: _____

R: 185/60R14 MAXXIS

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

TOYO / YOKO or MAXXIS

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. _____ D.O.I. 15/12/15

Survey held at _____

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

FRONT - FRONT

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

Date / Time _____ Action / Instruction _____

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:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format : _____

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