

ASSIGNMENT

From: _____ Date: 27/12/17

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To Inspect Vehicle No: XD 3141B

at Workshop m/s Mah Lian Motor

of 38 Defu Lane 9

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) After 1pm

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IZAC Accident Rpt: _____ Consistent? : Yes or No

GLA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 1.3-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: XD 3141B Yr Regn: 9 08

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

Make: 1542u c4252L o.c 15681

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

Sp.Reading: 693914 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALC4252L 87000069

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: 295/80 R22.5 R: _____

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6/6 6/6 mm
L/Bal. 6 mm	L/Bal. 6/6 6/6 mm
D.O.A. 14/1/17	D.O.I. 27/1/17

Survey held at _____

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

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

27/1/17 conf. and final of 1200 with AH Tech. only labour lamp case

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

1) ☐ : Final Report

Date/Time: File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee

Transportation

\$ - R\$ - \$

Photos

Others

TOTAL