

(08/11/13) wef

REF:

ASS. REC. BY: Marcus

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YN33694at Workshop m/s 1. u's no

of _____

Insured: _____

Policy No. _____

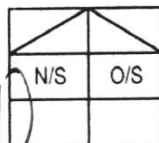
Claims No. _____

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN33694 Yr Regn: 10, 12

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

Truck / Trailer or (m)Make: HINO c.c. 7684Colour: yellow A/C: Insured / Std / NI / NASp. Reading: 185/86 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FD8JPK 12326

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: P-25-16

R: _____

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

TOYO / YOKO or VikrantFront 8 Rear 8/8

R/Bal. mm

L/Bal. mm

D.O.A. mm

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction

LTA 26092

Date/Time, File Pass to? _____

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to? _____

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format : _____

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