

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SK43997Mat Workshop m/s J.1 Acl.

of _____

Insured: _____

Policy No. _____

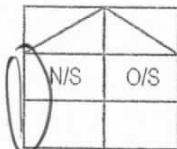
Claims No. _____

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

GLA / PR Seen: ✓ Consistent?: Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 12.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SK43997M Yr Regn: 7, 15Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota Hiace c.c. 2982Colour: white A/C: Insured / Std / NI / NASp. Reading: 224715 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFS T2P 500022329Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 8/2/18 D.O.I. 4/5/18

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

Ambulance.14/5/18 confirmed final by \$700 with Jones.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____) TOTAL

Report Format : _____

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

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL