

REF:

EQT

ASSIGNMENT

From:

Date: 01-03-2018

Estimated Cost:

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

To Inspect Vehicle No:

SKR 2959X

at Workshop m/s

Trans Turnbars

of

5 Ubi Close

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

3pm

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: SKR 2959X Yr Regn: 29/1/2015

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

Truck / Trailer or

Make: Mazda CX-5

C.C.

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 62889

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6KE1071F02TSS46

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / ☒ STD A/Rim or

Tyre Size:

F:

225/55 R14

R:

225/55 R19

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

TOYO / YOKO or

Toyo

Front

Rear

R/Bal.

4

mm

R/Bal.

3

mm

L/Bal.

4

mm

L/Bal.

3

mm

D.O.A.

9/2/2018

D.O.I.

1/3/2018

Survey held at

As Above

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

Right Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Photos

Others

Report Format :

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

TOTAL