

ASS. REC. BY:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 1 1/2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No**CA / REV / REP. / 24 HRS**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S140 5964 U Yr Regn: 02. 11.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Wish C.C. 1987Colour: Red A/C: Insured / Std / NI / NASp. Reading: 573712 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGJ20W805003209Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65R15

R: _____

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

TOYO / YOKO or Falken

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 30/3/15Survey held at ✓

Rear

R/Bal. 3 mmL/Bal. 3 mmD.O.I. 31/3/15Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orC/S 1stThe U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____) \$ + RS. SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Report Format : _____

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

Survey Fee:

Transportation:

TOTAL