

Signature

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____ 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: SHC 4670D Yr Regn: 4/3/15

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

Truck / Trailer or _____ cc 1798

Make: Toyota Prius A/C: Insured / Std / NI / NA

Colour: Maroon T/Radio: Insured / Std / NI / NA

Sp. Reading: 274359

Eng/No: _____ C/No: JTDKN36U 60779065

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15 R: "

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

TOYO / YOKO or Falken

Front R/Bal. 6 mm R/Rear R/Bal. 6 mm

L/Bal. 6 mm L/Rear L/Bal. 6 mm

D.O.A. 14/3/18 D.O.I. 16/3/18

Survey held at SMART

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

The UIC / Chassis frame / Body Structure affected due to collis

Date / Time	Action / Instruction
	TAX / 03 / 18 / 2019
	Lfk
	AXA
	SKW 94774

Date/Time, File Pass to? : Preli. Report : Final Report

1) Date/Time, File Return to? _____

2) _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____ Transportation: _____

Add Fee: : Site Insp (\$ _____) : S + RS (\$ _____)

: Interview (\$ _____) : Photos

: Tech. Insp (\$ _____) : Other : Weekend (\$ _____) TOTAL _____