ASS. REC. BY: | 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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR5285A Yr Regn: Aug 2017

Type: [M.Car] M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: TOYOTA SIENTA HYBRID c.c 1496

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 54068 T/Radio: Insured / Std / NI / NA

Eng/No: 1NZR516008

C/No: NHP1707088352 *

Gen. Cond: [Good] Fair / Poor / Burnt

Steering: [norder] / Jammed / Leaked / Burnt or

Brake: [norder] / Jammed / Leaked / Burnt or

Modi: [Nil] S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Bridgestone

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	20/04/2018

*Survey held at

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

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

Date / Time	Action / Instruction
	MV :
	PV :
	Nett :

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.P.I. :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inv. ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Other:

TOTAL