

ASS. REC. BY:

REF: *AXX**Kenneth*

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. _____

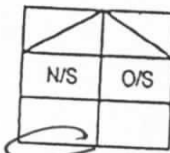
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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: *YN 3887X*

Yr Regn: _____

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

Truck / Trailer or _____

Make: *Hit Canter*

c.c

Colour: *Yellow*

A/C: Insured / Std / NI / NA

Sp. Reading: *123861*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModl: *Nil* / S/Rim / STD A/Rim orTyre Size: *F: 180 Yarn 700 R16x8**R: 185 R14x8(0)*

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

TOYO / YOKO or _____

Front

R/Bal. *3*

mm

Rear

R/Bal. *77*

mm

L/Bal. *3*

mm

L/Bal. *77*

mm

D.O.A. *1/118*D.O.I. *8/5/18*

Survey held at _____

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

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

Date / Time

Action / Instruction

15 File pass to Corbin, CIA & CH not ready

Data/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Report Format :

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