

ASS. REC. BY: Adrian King 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.**

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: SW49X Yr Regn: 2009 / July

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

Truck / Trailer or

Make: Honda Fit. C.C. 1339.

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

Sp.Reading 176588 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: GE61133900

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R15

R: 195/55R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 04/06/18

Survey held at Modern

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

TP A16

MV: 15.51K.
PV: 9.3K
Nett: 6.2K.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format : _____

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