(08/11/13)

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKZ3773R. Yr Regn: 2016 Jan

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

Truck / Trailer or

Make: Mazda 6 c.c

Colour Red A/C: Insured / St

Sp.Reading 36115 T/Radio: Insured / St

Eng/No:

C/No: JM6GJ1072602247272

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55/R17

R: 225/55R17

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

TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06
L/Bal.	06 mm	L/Bal.	06
D.O.A.		D.O.I.	27/06/19

Survey held at Modesa

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

The U/C / Chassis frame / Body Structure affected due

Date / Time	Action / Instruction
	TP A/G.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	S + RS, SI
Photos	
Others	
TOTAL	