

ASS. REC. BY:

REF:

Ala

Hoch Am

Dorm

ASSIGNMENT

From:

Date:

19/8/19

Estimated Cost:

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

To Inspect Vehicle No:

SMK 3793M

at Workshop m/s

Teamwork Garage

of

53 ubi Ave 1 #01-24

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:

3

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

cup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Smk 3793 m

Yr Regn:

8/4/19

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

Truck / Trailer or

Make:

T. corolla Altis (Auto) c.c 1598

Colour

silver

A/C:

Insured / Std / NI / NA

Sp. Reading

35422 m

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REH 6045.96278

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi:

Nil ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

205/55/R16

R:

205/55/R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

19/8/19

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

- MV - 80.000

- PV - 39772

- NV - 40228

Remarks: take note! This vehicle case
workshop cannot estimate.
Exchange to (DAR)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

DAR

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.F. (\$