

ASS. REC. BY:

REF:

Adrian

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 53x7781M. Yr Regn: 2010 July.

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

Truck / Trailer or

Make: Hyundai Avante c.c. 1591

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

Sp. Reading: 173294 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D441BMA4986614

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15

R: 185/65R15

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. ep mm R/Bal. dy mm

L/Bal. db mm L/Bal. ob mm

D.O.A. _____ D.O.I. 22/07/19

Survey held at Perfect Werkz.

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
	<u>TP ConPac.</u>

MV : 14K
PV : 8.6K
Nett : 5.4K

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) _____
- 3) _____
- 5) _____

Prel. Report: _____

Final Report: _____

Part Prices Check:

IN _____ OUT _____

Survey Fee:

Date: _____

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

