ATTENTION: ...email and any attac... ...dividual or ent... ...mediately ... ...this em...

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: SCH7800J Yr Regn: 2015 / Nov

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

Make: Toyota Camry c.c 1558.

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

Sp.Reading 75988 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR2053DK5100104814

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: 245/40R19.

R: 245/40R19.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Altenzo.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	31/07/19.

Survey held at T.K.

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

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

Date / Time	Action / Instruction
	TP MSIG.
	Lump Sum $38001- (Red 7653.10 : 66%)
	6 DAYS
	MV : 85K
	PV : 61.6K
	Nett: 23.4K.

Date/Time, File Pass to?
1) 13/5 Typist
3)
5)
Preli. Report:
Final Report:

Date/Time, File Return to?
2)
4)
6)

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.
__ S + RS, __ SI
Photos
Others
TOTAL