ASSIGNMENT

Date:

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

Insp 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: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLX7155Y. Yr Regn: 2018 April

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

Make: Toyota Harrier c.c: 1586

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

Sp.Reading: 37872 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZSU60000143.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18.

R: 235/55R18.

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. 29/10/19

Survey held at Flying High.

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 AIG.
	C415 $5,000 | Red $5,187 | 5%.)
	MV :
	PV :
	Nett :

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 ($)

☐ : Weel end ($)

Report Format :

Lump Sum / I.B.I. :

Survey Fee:

Transportation: $ + RS $

Photos

Others

TOTAL