

ASS. TEO. 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
	X

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

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date

Person Contacted:

Veh No

SLW 9847B

Tr Regn

2018, March

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

Truck / Trailer or

Make:

Toyota. GHR

CC

1297

Colour

Black

A/C: Insured / Std / NI / NA

Sp Reading

28335

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Z YX 102086863

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:

215/60R17

R:

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

7/11/19

Survey held at

Pico 60

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

29/4

Confirm with John 4/5 \$5900, 6 days then email

#02-24

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

Photos

Other:

25X15=375

170+375

50

50

96

741

Rep. Form:

Lump Sum / Fee: