

REC. 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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SKZ3039C** yr Regn **2016 Jan.**Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Kia Cerato k3** C.C. **1591**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **107593** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KNAFZ41MF5534253**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ R/Rim / STD A/Rim orTyre Size: F: **225/45R17**R: **225/45R17**BS / DUN / EXNOVA / ☒ DFS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mm

D.O.A. _____

D.O.I. **10/02/18**Survey held at **M6 Solution**

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

Front N/S

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

Date / Time Action / Instruction

TPAXA**MV: 53K****PV: 45.9K****Nett: 7.1K**

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

3 + PS. \$

Photos

Other

TP-100

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Wheel align (\$)

Report Format: _____

Lump Sum / L.B. / m