

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.
 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

N/S	O/S

Veh No: SKQ87816 or Reg: 2014 Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Andi A7 C.C. 2773
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 78276 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAUZZ2466ENIS4129
 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: 255/40R19
 R: 255/40R19
 BS / DUN / EXNOVA / G / 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. 07/01/20
 Survey held at Premises
 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 Claim
	Submit preli report
MV:	
PV:	Vehicle not yet sent in for repair
Nett:	
	Finalize and confirm repair cost of \$5276.00 @ 3 days (red 3304;38%)

Date/Time, File Pass to: ☒ : Preli. Report ☐ : Final Report
 Days Of Repair: 3
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: ☐ Site Insp 15 ☐ Interview 15 ☐ Tech Insp 15 ☐ Road test 15
 Paper Fee: TP-Preli
 Lump Sum of Fee: _____