

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLN 6657Aat Workshop m/s Rp.

of _____

Insured: _____

Policy No. _____

Claims No. _____

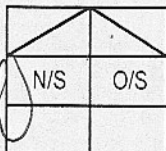
Sum Insured: _____

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: 62k.

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: ✓

Consistent? : Yes or No

Est. Repairs: 4

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: SLN 6657AYr Regn: K 117Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Honda Shuttlec.c. 1496Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 187304

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK 81007801Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55 R15

R: _____

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

TOYO / YOKO or Winnum

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 8

mm

L/Bal. 6

mm

D.O.A. 17/2/20D.O.I. 18/2/20

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orThe UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

have under. LTA 44105 have 6. A6/3/20 4/5 # 3250 con lined over Am.

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: _____

Add Fee: ☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL