REG. 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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBA7618T Yr Regn: 2007, Dec.

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

Make: Isuzu TFR86 c.c 2499

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

Sp.Reading: 298888 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MPATFR86H7H581513

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: 215/70R15C Yoko

R: 215/70R15C ~~Tracforce~~ GY

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.	23/04/20.	

Survey held at J-Mart.

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 AXA. COE Expiry : 30/11/22
	MV : 15K (Depreciation @ 6K x 2.5years ≃ 15K)
	PV : 12K
	Nett : 3K.

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inv. ($) ☐ : Weekend ($)

Survey Fee:

Transportation: ___S + PS___SI

Photos

Others:

TOTAL

Report Format :

Lump Sum / I.P.I.C