

ASS. REC. BY:

REF: TJ /Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / AWS / 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: _____

05 days

Res.: Yes or No

Lum Sum: _____

1:8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 7793TYr Regn: 08, 19

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

Truck / Trailer or

Make: Toy Priusc.c. 1798Colour mr. White / R

A/C: Insured / Std / Nil / NA

Sp. Reading 120370

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKB3F4 7030 8 2712Gen. Cond: Good / Fair / Poor / BurntSteering: Inoper / Jammed / Leaked / Burnt orBrake: Inoper / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 7 mmL/Bal. 8 mmL/Bal. 7 mmD.O.A. 2/5/20D.O.I. 6/5/2020

Survey held at _____

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

N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

2613.58

Date/Time, File Pass to?

☐

Prell. 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:

S - R.S. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$