

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S1409086 Yr Regn: 04, 11

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

Truck / Trailer or

Make: Toy Wish c.c. 1987

Colour White 1Rw A/C: Insured / Std / NI / NA

Sp.Reading 544572 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD GT 20W1.05 803343

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: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 23/8/16

Survey held at

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 24/8/16

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
<u>24/6</u>	<u>GIA & EN not ready</u>
<u>28/6</u>	<u>L1 Rpt @ 3500L</u>
<u>7</u>	<u>File pass to Corrine</u>

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 + RS ☐ SI

Photos

Others

TOTAL

Report Format : _____

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