

(08/11/15)

REF: Alg/

ASS. REC. BY:

ASSIGNMENTKenneth

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: 02 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: SHD95284Yr Regn: 06, 12Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Chvrolet Epica c.c. 1991Colour White / Red A/C: Insured / Std / NI / NASp. Reading 299583 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KU1LA69RJBB 078045Gen. Cond: Good / Fair / Poor / BurntSteering: 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 FeikenFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmL/Bal. 7 mm D.O.I. 7/4/15D.O.A. 614/15 D.O.I. 7/4/15Survey held at ✓Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. 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. (\$) _____