

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 Rpt: _____ 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: 5UW25527 Yr Regn: 2018 / Feb.
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Vezel Hybrid 1496
 Colour: Bronze A/C: Insured / Std / NI / NA
 Sp. Reading: 232018 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU31222435
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: 215/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Habib
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 01/06/20
 Survey held at NSI
 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 FWD.
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to? _____

2) _____

Report Format: _____

Equip. Sum / U.C. : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Insp (\$) _____
☐ : Meet. Insp (\$) _____

Survey Fee: _____

Transportation: _____

3 + P.S. \$ _____

Photos: _____

Other: _____

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