

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Tans Cab
 of _____
 Insured: YP6405X
 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: 2 1/2 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: S140 5271K Yr Regn: 01, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Prius c.c. 1798
 Colour m.p. white/red A/C: Insured / Std / NI / NA
 Sp. Reading 178952 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU003079117
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / RIm or _____
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Sailun
 Front
 R/Bal. 9 mm
 L/Bal. 9 mm
 D.O.A. 27/5/20
 Survey held at _____
 Rear
 R/Bal. 9 mm
 L/Bal. 9 mm
 D.O.I. 28/5/2020
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S FR body
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>GIA & PR NOT NEEDED</u>

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

1) _____
 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. \$ _____
 Extras _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)