

CS3/ALG 20006077/Titf3

ASS. REC. BY:

REF:

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

PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJT9911M Yr Regn: 1Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz (200) c.c. _____Colour: White A/C: Insured / Std / NI / NASp. Reading: 152918 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD20404 12A-332374Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / B/Rim / STD A/Rim orTyre Size: F: 225/40R15R: 225/40R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 2/6/2008/230Survey held at SK Garage

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

Frt o/s, u/c

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

Date / Time Action / Instruction

No GIA.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / B.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL