

(08/11/13) Wef

ASS. REC. BY: Morris

REF:

CC4/11120007652/ups3

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.

Est. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

5/8/20 2/5 @ 2500 confirmed with John.

Veh No:

SLJ 4436E

Yr Regn:

1216

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

Truck / Trailer or CA

Make:

Toyota wish

C.C. 1797

Colour

A/C: Insured / Std / NI / NA

Sp. Reading

339237

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

26E206026833

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205/55-16

R:

BS7 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

27/7/20

D.O.I.

27/7/20

Survey held at

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, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

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