ASS. REC. BY: REF: TW / 2000·8035/Ks

Kenneth

ASSIGNMENT

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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 9410A Yr Regn: 06, 19

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

Make: Toy Prvs (A) c.c 1798

Colour: M.P. White / Red A/C: Insured / Std / NI / NA

Sp.Reading: 126538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 503081140

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / 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 Sailun

Front		Rear	
R/Bal. 9 mm		R/Bal. 8 mm	
L/Bal. 9 mm		L/Bal. 8 mm	
D.O.A. 2/8/20		D.O.I. 5/8/2020	

Survey held at _____

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

O/S RM body

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

N/S O/S

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____
Date/Time, File Return to?

2) _____

☐ : Prell. Report
☐ : Final Report

☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech Invs ($ _____)
☐ : Weekend ($ _____)

Add Fee:

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format :

Lump Sum / I.B.I: ($ _____

Survey Fee: _____

Transportation: _____

S + F.S. ___ SI

Fixed: _____

Others: _____

TOTAL