

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

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

Veh No: SJ1493B Yr Regn: 2008/Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios c.c. 1497Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 238804 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY9305048201Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/55R15R: 195/55R15

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

TOYO / YOKO or Habilpad.

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 11/08/20Survey held at Win.

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

Rees n/s.

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

Date / Time Action / Instruction

TP EQ.

COE Expiry: 29/01/23.

MV: 18K

PV: 10.6K

Nett: 7.4K

ADRIAN CONFIRMED L/S \$ 5,500.00/10 DAYS WITH BOSS.

(\$ 6,729.10/RED - 55%)

Date/Time, File Pass to?

03/11/2020

1) TYPIST

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Format:

L/S \$ 5,500.00

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Weekend (\$