

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: 14 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLV122Z Yr Regn: 20/12/2017
 Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Tractor or

Make: Toyota Harries c.c 1998
 Colour: White A/C: Insured / Std / NI / NA
 Sp Reading: 58921 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTEKB3GH30J001066

Gen. Cond: (Good) / Fair / Poor / BurntSteering: (Order) / Jammed / Leaked / Burnt orBrake: (Order) / Jammed / Leaked / Burnt orModif: Nil / (S/Rim) / STD A/Rim orTyre Size: F: 235/55R18R: 235/55R18BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 18/08/20

Survey held at

CK Renta

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

Front o/s.

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

Date / Time	Action / Instruction
	<u>Independent</u>
	LS \$21200, 14 days (Red \$23681.08, 53%)
	MV :
	PV :
	Nett,

Date/Time, File Pass to?

☐

Preli. Report

1) 11/09 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Report Formed: TPLump Sum 21200Days Of Repair: 14Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Wash (\$

Survey Fee:

Transportation:

S + FS, SI

Photos

Other:

TOTAL