

ASS REQ BY:

REF:

CTI

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: SHD6546L Yr Regn 2020 / MarchType: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Hyundai i800 c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 43450 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CUL4190672Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 6BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 1/9/20Survey held at Samuel & SonsDes. 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 Action / Instruction

Date/Time, File Pass to?

☐ : Proli. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Form:

Lump Sum / H.R.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech Invs (\$ _____)☐ Wash (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others