

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMT7358M /r Regn: 2020 July
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Avante C.C. 1591
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 3772 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMH0841CMLU085615
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 205/55R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Kumho
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 15/09/20
 Survey held at CAS
 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	Action / Instruction
	<u>TP 1st Cap.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Emp: Sum / F.D. In :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Inv. (\$) ☐ : Material (\$)

Survey Fee:

Transportation

_____ S + FS _____ SI

Photo:

Other:

Page