

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CC4/ASM20010825/UBA3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKE 3268T

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:

832k

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:

SKE3268T

Yr Regn:

18/311

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

Truck / Trailer or

C/D

Make:

Toyota well fire

c.c

2362

Colour

black

A/C:

Insured / Std / NI / NA

Sp.Reading

334844

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ANH20 8152500

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/50 R18

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/9/20

D.O.I.

1/10/20

Survey held at

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

Rear

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

Date / Time

Action / Instruction

Smtk plus both bk.

LTA 25351 car 17-3-2021
Ntt 6649

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL
