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 Rport: 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: SBB111D. 1st Regn: 2015 NOV.

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

Make: Toyota Wish. c.c 1798

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 181824. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGG20W20J003096

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Habilead.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A		D.O.I.	12/10/20.

Survey held at Yap Lee.

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

Front N/S.

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

Date / Time	Action / Instruction
	TP 1st Cap.
	MV :
	PV :
	Nett :

Date/Time Fax Rec'd to: ☐ : Preli. Report

1) ☐ : Final Report

Date/Time Fax Rec'd to:

3)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp @

☐ : Interview @

☐ : Tech. Insp @

☐ : Mast. Insp @

Survey Fee:	175
Transportation	50
S + PS @	50+50
Phone	19
Misc	
	304