

ASS. REC. BY:

Steve

REF:

CS/CT120010734/ESD3

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 Report: _____ Consistent? : Yes or No

SIA / 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: SLR 4535K Yr Regn: 16/8/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 181652 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8H10162325Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or Pirelli

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm U/Bal. 5 mmD.O.A. 30/9/20 D.O.I. 8/10/20Survey held at Car Pro

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

Front RH

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

Date / Time

Action / Instruction

MK-58K

Waiting Estimate

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

S + RS. SI

Photos

Others

TOTAL

Rep. Formed:

Lump Sum / U.C. /