

ASS. REC. BY:

Steve

REF:

CC4/FC1209/2096/es3

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:

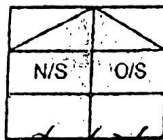
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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:

GRT 5464K

Yr Regn:

28/5/19

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

Truck / Trailer or

Make:

Toyota Dyna 150

c.c 2982

Colour:

white

A/C: Insured / Std / NI /

Sp. Reading

68791

T/Radio: Insured / Std / NI /

Eng/No:

C/No:

JTFAT3SY40K21034

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185R14C

R:

11

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

n

L/Bal.

5

mm

L/Bal.

5

n

D.O.A.

31/10/20

D.O.I.

5/11/20

Survey held at

Teamwork Garage

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

MV-73K

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (%)



: Weekend (%)

Copy Formed:

Lump Sum / L.B. /