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.

N/S	O/S
X	X

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: GBJ 5464K Yr Regn: 28/5/19

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

Make: Toyota Dyna 150 c.c 3982

Colour White A/C: Insured / Std / Nil /

Sp.Reading 68791 T/Radio: Insured / Std / Nil /

Eng/No: _____

C/No: JTFAT35Y40K2[illegible]34

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod l: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185R14C

R: " "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 m
L/Bal.	5 mm	L/Bal.	5 m
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 collisi

Date / Time	Action / Instruction
	MV - TJK

Date/Time, File Pass to? _____

To _____

Date/Time, File Return to? _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

$ + RS $ SI

Photos _____

Others _____

TOTAL _____

Report Formed : _____

Temp Stop / LE.I: / _____