

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 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: GBF4980P yr Regn: 2016 / Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV 200 c.c. 1461
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 145733 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: VSKYBAM20Z0129406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R14
 R: 185/65R14

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

TOYO / YOKO or Maxxis

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 16/11/20

Survey held at Kai Molar

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 A16

MV:

PV:

Nett:

466E

Date/Time, File Pass for

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Pass for

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

_____ S + PS. _____

Photos

Notes

Page 1

Report Form 4:

Long Sum / L.P.R.:

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Other (\$)