

ASSIGNMENT

Estimated Cost:
) / TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s

Kai Motor

Insured:

Policy No.

Claims No.

Insured:

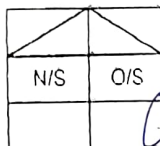
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Actual or Market Value:

DAC Accident Report:

Consistent? : Yes or No

WIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Sum Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SGN 648 H Regd: 12 Nov 2016

Type: M/Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Altis

cc 1518

Colour:

silver

A/C: Insured / Std / NI / NA

Sp Reading

128901

T/Radio: Insured / Std / NI / NA

Eng/No:

MR053 REGH.104550466

C/No:

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:

215/45R17

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17-12-20

Survey held at

W/S

11:30

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

9/s Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp

(\$



Interview

(\$



Technical

(\$



Final

(\$

Survey Fee:

Transportation

3 + 100

Food

Other