

ASS. REC. BY: SteveREF: A16

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLW 5634A Yr Regn: 22/2/18
Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or _____
Make: KIA Cerato c.c. 1591
Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ N
Sp. Reading: 110881 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ N
Eng/No: _____
C/No: KNA F411MJS764432
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brakes: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
Tyre Size: F: 215/45R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / ☐ OHTSU / ☐ PIR / ☐ SUM / ☐
TOYO / YOKO or _____

Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 23/12/20 D.O.I. 23/12/20
Survey held at Cycle & Carriage
Des. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
F1 RH
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-62K</u>
	Confirm 4,379.60, 3days before excess and GST
	RED:2182,33%

Date/Time, File Pass to? ☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$☐ : Weekend (\$

Rep. Form:

Lump Sum / L.B.I. (\$