

ASSIGNMENT

Estimated Cost

TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s

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:

JAC Accident Report:

SA / PR Seen:

Est. Repairs:

Sum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp Reading

Eng/No

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:

R:

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

Front

R/Bal

L/Bal

D.O.A

Survey held at

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

Date/Time, File Pass to?

Date/Time, File Return to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp: (\$

Interview: (\$

Photograph: (\$

Transportation: (\$

Survey Fee:

Transportation:

Site Insp: (\$

Interview: (\$

Photograph: (\$

Transportation: (\$