

INC ASSIGNMENT

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s

Insured:

Policy No:

Claims No:

Insured:

(Client's Record)

Make of Vehl:

(Policy Condition)

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

al. or Market Value

JAC Accident Report:

IA / PR Seen:

st. Repairs:

um Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

Type: 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

~~\$1000~~ \$2000 - \$3000

Submit PRS Report

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Date/Time, File Return to?

Date/Time, File Return to?

☐

: Preli. Report

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: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Defect: \$

☐

Other: \$

Survey Fee:

Transportation:

PRS: \$

Other:

Other: