

CS3/1/NC21000258/Gvd3

## ASSIGNMENT

Estimated Cost

V/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 Vch:

(Policy Condition)

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

Actual or Market Value:

JAC Accident Report:

JIA / PR Seen:

Est Repairs:

Sum Sum:

JAC / 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

Mod: Nil / S/Rim / STD/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. 3/1/21

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?

1)

Date/Time, File Return to?

13/1/21-Typist

13/1/21-Typist

13/1/21-Typist

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Addl Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Photo (\$)☐ : Other (\$)

Survey Fee:

Transportation:

1.3 + RS. 1.51

1.1000

1.1000

1.1000

1.1000