

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:

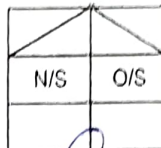
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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: VBK 5018 Regn: 2018

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

Rear

R/Bal.

L/Bal.

D.O.A. 2/12/20

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

Police report give later.

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 4

Resurvey No. of Trip:

Date/Time, File Return to?

☐

: Final Report

11/3/21-Typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Road Insp (\$

Survey Fee:

Transportation:

3 + PS \$1

Photos

Other

TP

LS \$5200