

ASS. REC. BY:

REF: 072/

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/INV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 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: 02 days Res.: Yes or No
 Lum Sum: 1.B.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S14B 7784U Yr Regn: 12, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Prius c.c. 1798
 Colour: M.P. White / Red A/C: Insured / Std / NI / NA
 Sp. Reading: 305197 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU 0030 77318
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or _____
 Brake: Inoper / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rlm / STD / A/Rlm or _____
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Saim
 Front R/Bal. 2 mm Rear R/Bal. 2 mm
 L/Bal. 2 mm L/Bal. 2 mm
 D.O.A. 17/12/00 D.O.I. 15/3/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or o/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>740h</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ - RS. SI	
Fuel	
Others	
TOTAL	

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Report Format :
 Lump Sum / I.B.I: (\$ _____)