

ASS. REC. BY:

Tanglin

REF: CS3/ASM 21004083/TIC

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:

JSW 8531

Yr Regn:

1

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

Truck / Trailer or

Make:

Vangha

135

C.C

Colour

Orange

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F:

70/90R17

R:

80/90R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

31/5/21

Survey held at

Chuan Motor

Des. of Damages: Frt / Rear / O/S / M/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

W/S have no GIA, with lawyer

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&L: ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photo

Others

TOTAL