

Heath

REF: MLL

ASSIGNMENT

From: _____ Date: _____
 To: _____
 TO: TRANS CAR
 At: _____
 Insured: _____
 Policy No: _____
 Make: _____
 Year: _____
 Color: _____
 VIN: _____
 (Check Record)
 Note at: _____



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

Est. or Market Value: _____
 OAC Accident Report: _____ Consistent? Yes or No
 CR / FR / GR: _____ Consistent? Yes or No
 Est. Repair: 02 % Yes: Yes or No
 Lum. Sum: 1.5 % S Val: Yes or No

GA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 7411111111 01.19
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Note: Toy Print or 178
 Colour: M. Pink / Red AC: Insured / Std / NI / NA
 SA Reading: 125803 TRadio: Insured / Std / NI / NA
 Engine: _____
 CNA: JTDBK3FU7030168
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: None / Jammed / Leaked / Burnt or _____
 Brake: None / Jammed / Leaked / Burnt or _____
 Mod: NI / SRM / STD / SRM or _____
 Tyre Size: R. 195/65R15
R. GY
 BS / DUN / EXNOVA / GY / FS / LIZ / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Sal: 7 mm R/Sal: 8 mm
 L/Sal: 7 mm L/Sal: 8 mm
 D.O.A: 2/4/21 D.O.I: 8/9/2021
 Survey held at _____

Des. of Damages: Ft / Rest / OS / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>May have 67</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

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

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

Survey Fee:

Transportation:	_____
S + RS	_____
Fuel	_____
Others	_____
TOTAL	_____

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