

ASS. REC. BY:

REF:

LPC/

Kenneth

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

OD / TP RES / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s: Trans Cob

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: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 317X Yr Regn: 03, '16

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

Truck / Trailer or CAMake: Perrault Latitude cc 1995Colour M. White / R A/C: Insured / Std / NI / NASp. Reading 477843 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL15AUC 282370

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Sailun

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 6/4/21 D.O.I. 8/4/2021

Survey held at _____

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

015 151 body

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

Date / Time Action / Instruction

1 Got BLU/Ly @ 2250h

Data/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Data/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees \$ _____

Others \$ _____

TOTAL

Report Format :

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