ASSIGNMENT

ASS. REC. BY: REP:

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.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: **PC2976R.**   Yr Regn: **2014 August.**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or **Mini Bus.**

Make: ~~Silver~~ **Toyota Hiace** c.c **2982**

Colour **Silver**   A/C: Insured / Std / NI / NA

Sp.Reading **473825**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **KDH 2230020097.**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: **195R15C.**

        R: **195R15C**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Tourador**

Front		Rear	
R/Bal. **06**	mm	R/Bal. **06**	mm
L/Bal. **06**	mm	L/Bal. **06**	mm
D.O.A.		D.O.I. **09/04/21**	

Survey held at **Smart one.**

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
	TP AIG.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?   ☐ : **Preli. Report**

              ☐ : **Final Report**

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

         ☐ : Interview ($ _____)

         ☐ : Tech. Invs ($ _____)

         ☐ : Week end ($ _____)

Survey Fee:	
Transportation:	
_____ S ÷ RS ___ SI	
Photos	
Others	
TOTAL	