

ASSIGNMENT

Inspected Cost
 TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s

Insured:

Policy No.

Claims No.

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

JAC: Accident Report

JA / PR Seen:

Est. Repairs

Sum Sum.

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Vehicle No: SKR25924

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

Truck / Trailer or

Make:

Colour:

Sp Reading

Eng/No

C/No:

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size: F:

R:

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

TOYO / YOKO or

Front

R/Bal

L/Bal

D.O.A.

Survey held at

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

COB: 44628
 \$3000 - \$4000
 Submit PRS Report

SUBMIT 3300, 5DAYS
 RED:5500;62.5%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

3)

4)

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Adel Fees:

☐ Site Insp. (\$)
☐ Interview (\$)
☐ ...
☐ ...

Survey Fee:

Transportation

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