

ASS. REC. BY:

Ster

CC4 / ASM 21005396 / b93

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: _____

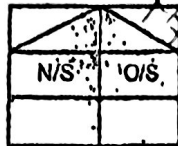
Excess: _____

(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 Report: _____

Consistent? : Yes or No

SIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Cum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

PA 6908Y

Yr Regn: _____

20/9/27

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

Truck / Trailer or

Make: _____

Toyota Hiace

c.c.

2494

Colour: _____

Green

A/C: Insured / Std / NI / N

Sp. Reading: _____

822901

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: _____

KOH222-0056699

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: _____

195R15C

R: _____

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. _____

4

mm

R/Bal. _____

4

mm

L/Bal. _____

4

mm

L/Bal. _____

4

mm

D.O.A. _____

29/4/21

D.O.I. _____

3/5/21

Survey held at _____

A T Auto

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

F-L R.H.

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

Date / Time

Action / Instruction

MV-4SK

Waiting Estimate

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Inve (\$ _____)



: Wash and (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS \$ _____

Phone _____

Others _____

TOTAL

Date/Time, File, Pass to?

Date/Time, File Return to?