ASS. REC. BY: NA2 | REF: CS/TMI21005701/Ntf3 TMI | LTS L/S

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.

X

N/S	O/S
LHS	RHS

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: SHA 3412A Yr Regn: 12 MAY 2016

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

Truck / Trailer or _____

Make: HYUNDAI I40 C.C 1,685

Colour BLUE A/C: (Insured) / Std / NI / NA

Sp.Reading 707,470 T/Radio: (Insured) / Std / NI / NA

Eng/No: _____

C/No: KMHLB4 14MGU0 90155

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: 205/60R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or (NEXTAKE(F), HANKOOK(R)) ← tyre brand

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	8/5/2021	D.O.I.	11/5/2021

Survey held at EDGE LOYANG

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

FRONT OFFSIDE NEARSIDE

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

Date / Time	Action / Instruction
	TMI L/S
	LUMP SUM $1050, 2DAYS
	RED:1216.52;53%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ 1050 _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	