

ASSIGNMENT

Reinspection

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS ☒ TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: CB 8427DPolicy No. DMB1SNW00003532100Claims No. SNM21D202775/C03/THAMYL

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: _____ 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: PC8091D Yr Regn: 1/8/09Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Higer KLQ6910Q c.c. 6910Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 573936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: L KLR1ESC088001765Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 13/5/21D.O.I. 3/6/22Survey held at FTL

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

Rear LH

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

Date / Time Action / Instruction

7/6/22 Submit final fig \$2500 (Red 500, 17%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

1) _____

2) 7/6/22-typist

Report Formak: _____

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

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL