

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
ol _____
Insured: _____
Policy No. _____
Claims No. MT/1134075-002
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 Rpt: _____ 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

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 54031534 Yr Regn: 14 APR 2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: MYWDAI 140 C.C. 1,685
Colour: BLUE A/C: Insured / Std / NI / NA
Sp. Reading: 590,432 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHLB41mg4087671
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: NII / S/Rim / STD / R/Rim or
Tyre Size: F: 205 / 60 R16
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAK
Front Rear
R/Bal. 4 mm R/Bal. 5 mm
L/Bal. 4 mm L/Bal. 5 mm
D.O.A. 4/6/2021 D.O.I. 7/6/2021
Survey held at CDK LOYANG
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

FINALIZED LUMP SUM REPAIR \$500.00 / 2 DAYS

red: 1937.12;79%

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Report Format : _____

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