

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.

N/S	O/S
LMS	RMS

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 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: SHK 18783 Yr Regn: 20 DEC 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: HYUNDAI 140 (C.C) 1,685
Colour: BLUE A/C: Insured / Std / NI / NA
Sp. Reading: 574,520 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMH LB41UMH4100059

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 / Rim or

Tyre Size: F: 205/60 R16
R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyr
TOYO / YOKO or WESTLAKE brw

Front		Rear	
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm	
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm	
D.O.A. <u>6/6/2021</u>		D.O.I. <u>8/6/2021</u>	

Survey held at EDGE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FRONT OFFSIDE NEARSIDE

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

Report Format : _____

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