

ASS. REC. BY:

NA2

REF:

TMI

Ju

LIS

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: 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: SHC 72405 Yr Regn: 25 AUG 2016

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

Truck / Trailer or

Make: HUNDAI 160 (C.C.) 1,685Colour: YELLOW A/C: Insured / Std / NI / NSp. Reading: 894,701 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KMALB4JUMG4093569Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 205 / 60 R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / 7TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 23/6/2021 D.O.I. 24/6/2021Survey held at CDUE LOANGDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FRONT OFF-SIDE REAR-SIDE

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

Date / Time

Action / Instruction

TMI LIS

Date/Time: File Pass 10?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time: File Return 10?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format : _____

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