ASS. REC. BY: Steve

ASSIGNMENT

From: PRS Date:

Estimated Cost:

OD / TP / W3 / 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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMQ 8648K Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Honda Vezel c.c 1496

Colour White A/C: Insured / Std / NI / N

Sp.Reading 154415 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: RU1-1191496

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: 215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or B

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
U/Bal.	5 mm	U/Bal.	5 mm
D.O.A.		D.O.I.	12/7/21

Survey held at MTM

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

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

Date / Time	Action / Instruction
	D/ GIA rpt

Date/Time, File,Pass to?

Date/Time, File Return to?

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weal'end ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

TOTAL