

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS ☒ TP RES ☐ OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
 at Workshop m/s Teamwork Garage
 of _____

Insured: _____

Policy No. _____

Claims No. _____

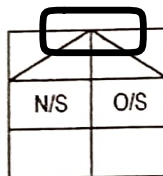
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMY5815Y(SCX888T) Yr Regn: 07 Dec/2006

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MITSUBISHI EVO-9 GSR 2.0 M c.c 1997

Colour Yellow A/C: Insured / Std / NI / NA

Sp. Reading 92725 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CT9A0405965

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: 245/40R18

R: 245/40R18

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 19-07-2021

Survey held at IDAC UBI 2PM

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : A/Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: