

ASS. REC. BY: Steve

CC4/111 21007550/b53

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 Vch:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seent

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Tractor or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / 8/Rm / STD A/Rm or

Tyre Size:

F:

R:

BS / DUN / EXNÖVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Pirelli

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orThe U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

AAV-210K

Time, File, Pass id.

☐

: Prel. Report

☐

: Final Report

Time, File, Return id.

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + P.S. \$1

Police

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (%)

☐

: Wheel and 1#

Work Order:

Work Order / 1/2/3/4/5