

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIER AUTO

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: SHD1447Y

Yr Regn: 13 Sep/2017

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

Truck / Trailer or

Make: HYUNDAI I30 c.c 1582

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

Sp. Reading: 364447 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMAD281UVHJ134122 *

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Horde / Jammed / Leaked / Burnt orBrake: ☒ Horde / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ S/D A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or MAXXIS

Front

Rear

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

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

D.O.A. D.O.I. 06-08-2021

Survey held at W/S 11:40

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Filed:

Long Code/MPB:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL