

62 FEB 87

ad

ASSIGNMENT

From

Date

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No.

at Workshop n/s

Xin Yun 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STW27935

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Vios

cc

1497

Colour

white

A/C: Insured / Std / NI / NA

Sp Reading

176665

T/Radio: Insured / Std / NI / NA

Eng/No:

MK053HY930 5156531

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/55R15

R:

11

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

TOYO / YOKO or

Yokohama

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

W/S 24-08-21

Survey held at

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

Estimate 2 GIA Give later

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Forwarded:

Lump Sum / U/C:

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Misc. (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other:

TOTAL