

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Trans Cab

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: 04 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smp 72207 Yr Regn: 10.1.19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Altis c.c. 1588Colour: M. Silver A/C: Insured / Std / Nil / NASp. Reading: 167267 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MR053REH 604598923Gen. Cond: Good / Fair / Poor / BurntSteering: Inop / Jammed / Leaked / Burnt orBrake: Inop / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 165/45 205/55R16Green Lander
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 5/9/21D.O.I. 7/9/2021

Survey held at

Des. of Damages: Front / 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?

☐: Prell. Report

Days Of Repair: _____

1)

☐: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐: Site Insp (\$)

Survey Fee:

Transportation:

S - RS. \$

Fees:

Others:

TOTAL

Report Format:

Lump Sum / I.B.I. (\$)