

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No:

Workshop m/s

Garage 13

Insured:

Policy No.

Claims No

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

DAC: Accident Report

SIA / PR Seen.

Est. Repairs.

Lump Sum.

Consistent? : Yes or No

Consistent? : Yes or No

8 days Res: Yes or No

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

\$7000 - \$8000

SUBMIT LUMP SUM \$8000,
RED: 3100;27%

Date/Time, File Pass to:

☐

Preli. Report

By

☐

Final Report

Date/Time, File Return to:

Days Of Repair: 8

Resurvey No. of Trip: 1

Addl Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Estimate: \$

☐

Other: \$

Survey Fee:

Transportation

Date: 11-01-21

Time: 1:20pm

Signature:

Vehicle: GBB 2542D Reg: 06 Jw/2017
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Toyota Hilace

Colour

Silver

Sp Reading

112271

Eng/No

C/No:

JTFHT02 P800.218849

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15

R:

17

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.

11-01-21

Survey held at

w/s

1:20pm

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, File Pass to:

☐

Preli. Report

By

☐

Final Report

Date/Time, File Return to:

Addl Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Estimate: \$

☐

Other: \$

Survey Fee:

Transportation

Date: 11-01-21

Time: 1:20pm

Signature: