ASS. REQ. BY: Steve   REPT: CC4 / GRB 21010162 / es3

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 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 Rpot: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: PA 6982G Yr Regn:

Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Isuzu LT134P c.c 7790

Colour: Multi - Color A/C: Insured / Std / Nil / N

Sp. Reading: 653966 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: JALLT134P?7000098

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Locked / Burnt or

Brakes: Inorder / Jammed / Locked / Burnt or

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

Tyre Size: F: 295/80R 22.5

R:

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.	4	mm	L/Bal.	4	mm
D.O.A.	30/9/21		D.O.I.	4/10/21	

Survey held at: Serve You Motor

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
	waiting estimate

Date/Time, File Pass to? ☐ : Prelim. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inv ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

$ + RS. $

Photos

Others

TOTAL

Spec/Format:

Lump Sum / I.P.I. / C