

ASSIGNMENT

From:

Date:

Veh No:

SMZ 5255H

Yr Regn:

30/4/21

Estimated Cost:

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

Truck / Tractor or

OD / TP / WS / TPRES / ODRES / EVA / INV / MV

To inspect Vehicle No:

Make:

Toyota Altis

C.B.

15.98

at Workshop m/s

Colour:

white

A/O: Insured / Sld / NI / N

at

Sp. Reading

31991

TIRadio: Insured / Sld / NI / N

Insured:

Eng/No:

MR 2RE 3REX 0001147

Policy No.

On/O:

Claims No.

Gen. Condi: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

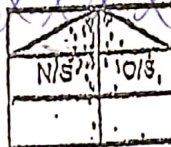
P:

R:

225/55 R16

(Policy Condition)

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



Ret. or Market Value:

Front

Rear

IDAO Accident Report

Consistent? : Yes or No

R/Rsl:

5

mm

R/Rsl:

5

mm

BIA / PR Sent

Consistent? : Yes or No

U/Rsl:

5

mm

U/Rsl:

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

19/12/21

Adam Auto

Cum Sum:

%

3 Val.: Yes or No

Survey held at

Des. of Damages: FR / Rear / O/S / H/S / VIC / Roof/Top or

QA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date:

Person Contacted:

The U/O / CHASSIS frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV- 97K

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

S. & P. S.:

Fees:

Others:

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech. Insp (\$

Welding (\$

Time/Time, File, Resurvey:

☐

Prel. Report

Time/Time, File, Resurvey:

☐

Final Report

Time/Time, File, Resurvey:

Time/Time, File, Resurvey: