ASS. REQ. BY: Steve

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP REG / OD REG / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Mkt. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Com Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBJ 4481S Yr Regn: 25/4/19

Type: M.Car / M.cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Hiace c.c 2754

Colour: White A/C: Insured / 3rd / Nil / N

Sp. Reading: 122591 T/Radio: Insured / 3rd / Nil / N

Eng/No:

Ch/No: GDH2012004763

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Model: Hil / S/Rim / STD A/Rim or

Tyre Sizes: Ft 195R15C

Rr

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

Front
R/Set. 4 mm
L/Set. 4 mm

Rear
R/Set. 4 mm
L/Set. 4 mm

D.O.A. 13/11/21 D.O.I. 17/11/21

Survey held at Efficient Motor

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front RH

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MV-70K

Date/Time, File Recd/D. [ ] Prelim. Report

[ ] Final Report

Date/Time, File Returned

Days Of Repair:

Resurvey No. of Trips:

Add Fee: [ ] Site Insp ($)

[ ] Interview ($)

[ ] Tech. Inve ($)

[ ] Weekend ($)

Survey Fee:

Transportation:

Expenses:

Photos

Others

TOTAL

Forward:

Sum / LE. B/F:

Scanned with CamScanner