

ASS. REC. BY:

REF:

C72/ 21012637/Kp

Kenneth

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: _____

10.30am

(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: _____

01 days

Res.: Yes or No

Lum Sum: _____

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

PC 30367

Yr Regn: _____

08, 14

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

Truck / Trailer or _____

(A)

Make: _____

Toyota

c.c

2982

Colour _____

Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

519912

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTFST22P700020260

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

195R15X8

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Wind force

Front

Rear

R/Bal. _____

8

mm

R/Bal. _____

8

mm

L/Bal. _____

8

mm

L/Bal. _____

8

mm

D.O.A. _____

9/12/21

D.O.I. _____

21/12/2021

Survey held at _____

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

01 STY

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

Date / Time

Action / Instruction

/ Wksp don't accept 42 day day

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Others _____

TOTAL

Report Format :

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