

ASS. REC. BY:

Steve

REF

CS3/CT121907541/Etc

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:

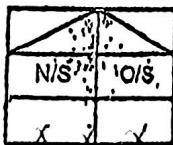
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 85335

Yr Regn:

1

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

Truck / Tractor or

Make:

Toyota Vaux

Ct

1797

Colour:

White

A/C:

Insured / Std / NI / N

Sp. Reading

72948

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

ZWR 800318045

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

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.

9/7/21

D.O.A.

14/7/21

Survey held at

LYS Engineering

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

RANGE 4000 TO 5000

submit prs report

Time/Date, File, Pass to:



: Prel. Report



: Final Report

Time/Date, File Return to:

Days Of Repair:

5

Resurvey No. of Trips:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weekend (\$

Survey Fee:

Transportation:

\$ - RS - SI

Fees

Others

TOTAL

Approved:

Signature / Date: