

Steve

REF:

ASM

PRS

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 Report	_____	Consistent? : Yes or No
GIA / PR Seen:	_____	Consistent? : Yes or No
Est. Repairs:	_____ days	Res.: Yes or No
Lum Sum:	_____ %	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Vch No: SFV 85392 Yr Regn: 1
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Tayoh Altis c.c. 1598
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 713493 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR0532EC 107 09.0056
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 185/70 R 14
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. ✓ mm R/Bal. ✓ mm
 L/Bal. ✓ mm L/Bal. ✓ mm
 D.O.A. _____ D.O.I. 1/3/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

[illegible]

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: _____

31)

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech, Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

Photos

Others

TOTAL