

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. _____

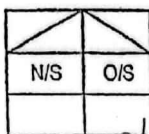
Sum Insured: _____

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

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

5

days

Res.: _____

Yes or No

Lum Sum: _____

%

3 Val.: _____

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

SNA8423P

Yr Regn: _____

16/7/21

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

Truck / Trailer or

Make: _____

Mini One

c.c

1499

Colour: _____

Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

14684

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WMW22DK0007R01333

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: _____

205/45R17

R: _____

1

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

5

mm

R/Bal. _____

5

mm

L/Bal. _____

5

mm

L/Bal. _____

5

mm

D.O.A. _____

23/4/22

D.O.I. _____

27/4/22

Survey held at _____

Trans Euro Cars

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

Rear RH

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

Date / Time

Action / Instruction

MV-133K

final figure: \$5678.65 and 5 days
(red. \$2684.24, 32%)

Date/Time, File Pass to?



Preli. Report



Final Report

1) 19/07/22

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS. \$1

Photos

Others

TOTAL

Add Fee: _____



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Rep. Format: _____

Lump Sum / L.S. (\$ _____)

5678.65