

ASS. REC. BY:

REF:

ASM/220049931/Kg

C

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size:

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

Front

R/Bal.

L/Bal.

D.O.A.

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.

Yr Regn: 02, 18

C.C. 1998

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

JMBCW1071H 0127630

F: Maxxis 205/55R16
R: Airvo

Rear

R/Bal.

L/Bal.

D.O.A.

7

mm

7

mm

31/5/2022

11:20am

N/S Frt

Add Fee:

- ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

S. + RS. \$

Fees

Others

TOTAL

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

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