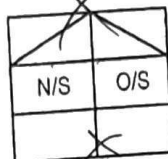


ASSIGNMENT

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: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 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: 5525095 Yr Regn: 1
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: hiacerato forte c.c. _____
 Colour: Purple A/C: Insured / Std / NI / NA
 Sp. Reading: 226440 T/Radlo: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAFH221395045102
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: 215/45ZR17
 R: 215/45ZR17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or humm
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 21/6/22 D.O.I. 22/6/22 1130
 Survey held at 4833
 Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV:
 rebate:
 M:
 rr: 8h-9h
 NO GIA

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

1)

2)

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, \$ _____

Photos

Others

TOTAL