

ASSIGNMENT

From: Reinspection

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.

X	X
N/S	O/S
X	X

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJA 5751JYr Regn: 13/12/07Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wishc.c. 1794Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading 260379

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2NE100375450

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 A/Rim or

Tyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 4/3/22D.O.A. 29/6/22Survey held at Master CarDes. 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-7R

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report
1) _____
Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.J. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL