

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: _____

N/S	O/S

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : **Yes or No**
 GIA / PR Seen: _____ Consistent? : **Yes or No**
 Est. Repairs: 4 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: SLC7794M Yr Regn: 1
 Type: **M.Cat** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: hia Cerato c.c _____
 Colour: white A/C: **Insured / Std / NI / NA**
 Sp.Reading: Not avail T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: hNAEX411MG5601923
 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: 225/45R18
 R: 225/45R18
BS / DUN / EXNOVA (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 12/5/22 D.O.I. 29/6/22 14630
 Survey held at Green Star
 Des. of Damages: **Frnt** / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV:-</u>
	<u>rebate:-</u>
	<u>NV:-</u>
	<u>rr: 2h-3h</u>
	<u>no GIA</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 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, SI _____
 Photos _____
 Others _____
 TOTAL _____