

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s VIN'S MOTOR

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.

☒	N/S	O/S

Bal. or Market Value: \$98k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: SMD8382U Yr Regn: 07 Sep/2018

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

Truck / Trailer or _____

Make: MITSUBISHI ECLIPSE CROSS 1.5 c.c 1499

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 56694 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMAXTGK1WJZ001688 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: 215/70R16

R: //

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

TOYO / ☒ YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 06-07-2022

Survey held at _____ W/S 5:30PM

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : W/Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. SI

Photos

Other: _____

TOTAL

Report Filed: _____

Long Cond / MPB: _____