

Ass. Fee By:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TI / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SLH4554H

Yr Regn: 2016 / Nov

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

Truck / Trailer or

Make: Toyota Sienta

c.c. 1496

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 291477

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP1707009231

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or

Hexen

Front

Rear

R/Bal. 06

mm

R/Bal. 06

mm

L/Bal. 06

mm

L/Bal. 06

mm

D.O.A. _____

D.O.I. 21/07/22

Survey held at Twinto NSI

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

TR China

16/09/2022 Finalise L/S \$5,200.00 with 06 days (Red \$ 6,560.95 / 56%)

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Inve (\$ _____)

_____ \$ + RS. _____ \$

Photos

Others

Report Formist: _____