

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 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: SMN 5375H Yr Regn: 16/8/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Suzuki Jimmy c.c. 1060
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 63274 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SSA 6387000116 713
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: 1

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or . _____

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 27/8/22 D.O.I. 10/8/22
 Survey held at Borneo

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

Front RH

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

Date / Time	Action / Instruction
	<u>MR-988</u>
	Steve finalised final fig \$6723.50, 6 days. (Red \$2388.25, 26%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 6

1) 27/10 Typist.

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / I.B.F. (\$) 6723.50

Add Fee:

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