

ASSIGNMENT

From:

Date:

Veh No:

Yr Regn:

Estimated Cost:

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make:

at Workshop m/s

Colour

of

Sp. Reading

Insured:

Eng/No:

Policy No.

C/No:

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

R:

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

N/S	O/S

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

days

Res.:

Yes or No

D.O.A.

D.O.I.

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date:

Person Contacted:

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

Date / Time Action / Instruction

SKV2390P0749A
video footage during '9' second can see how impact.

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 (\$)

) __ \$ + RS __ \$

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format :

Lump Sum / I.B.I: (\$)

TOTAL