

Ass. Rec. By:

REF:

CS/UOI22008277/Aqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / 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: **500**

(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: **7** 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: **YN6316E** Yr Regn: **2014, Sept.**

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

Truck / Trailer or

Make: **Mit Center** c.c. **2998**

Colour: **White** A/C: Insured / Std / NI / NA

Sp. Reading: **195518** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **FE B21EA00741**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195 R15C**

R: **195 R15C**

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

TOYO / YOKO or **Falken**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **26/08/22**

Survey held at **J-Mart**

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
	OD MOI
	LS \$10500, 7 days. (Red \$6299.81, 37%)
	MV: 32K
	PV: 2.5K
	Nett: 29.5K

Date/Time, File Pass to?

1) **13/07 Typist**

Date/Time, File Return to?

2) _____

Report Formlet:

OD

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **7**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee:

Transportation:

S + PS: \$ _____

Photos

Others

6 x 25 = 150

150 + 150

60

80

89

629

580

850

12123