

ASS. REC. BY:

REF: CT21

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s TSR
 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: 05 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

03/24

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKU 993314 Yr Regn: 03 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Vios c.c. 1497

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

Sp. Reading 209373 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY9305097318

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15
R: _____

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

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 7/19/22

D.O.I. 8/9/2022

Survey held at _____

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

O/S on & u/c

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 GIA & EM not ready

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ - RS. \$ _____

Fixes

Others

Report Format :

ump Sum / I.B.I: (\$ _____)