

ASSIGNMENT

Front: _____ 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. DMPCSNW00091132200
 Claims No. SNM22D207112/C02
 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: 3 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: SMY 7405J Yr Regn: 24/3/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: KIA Cerato c.c. 1591
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 38061 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KNAFS416MM3M5937
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/R / STD A/R/m or
 Tyre Size: F: 205/50R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / UIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 4/10/22 cycle D.O.I. 3/11/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-101K

Steve confirm finalised amount at \$3802 and 3 days
 (red, 2244, 37%)

Date/Time, File Pass to?

1) 29/11/22

Date/Time, File Return to?

2) _____

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech, Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + P.S. \$ _____

Photos

Others

TOTAL

Repair Format: _____

Lump Sum / L.S.: (\$ 3802)