

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 () 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

Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: SMG 5349X Yr Regn: 2/12/18
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mini Cooper S Countryman 1998
 Colour: BLUE A/C: Measured / Std / Nil / NA
 Sp. Reading: 40882 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WMWIS920303657009
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/50R17
 R: 11

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

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 U/Bal. 4 mm U/Bal. 4 mm
 D.O.A. 10/8/22 D.O.I. 15/9/22

Survey held at Trans
 Des. of Damages: Front / Rear / Q/S / NIS / UIC / Rooktop or

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.K. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS \$

Notes

Others

TOTAL