

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ 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. _____

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: _____ 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: SKC734U Yr Regn: 2009, AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Voxy c.c. 1986Colour: Black A/C: Insured / Std / NI / NASp. Reading: 382549 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZRR700136903Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16R: 215/60R16

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 14/10/22Survey held at JLDes. 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

TP Budget Direct.COE Expiry: 31/03/29

MV:

PV:

Nett:

216K

Date/Time, File Pass to?

☐: Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐: Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐: Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Formist: _____

☐: Interview (\$ _____)

Photos _____

☐: Techn. Insp (\$ _____)

Others _____

☐: _____