

ASS. REC. BY:

Steve

CC/A1322010978/EPa3

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lump Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 74518 Yr Regn: 29/11/19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Sylphy c.c. 1598Colour: white A/C: Insured / Std / NI / NASp. Reading: 66208 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTRBARI7 20035480Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim orTyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 1/11/22

Survey held at

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 3/11/22

ARC

Reas. RH &

Date / Time Action / Instruction

MV-89K

Waiting estimate

Order/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

____ \$ + P.S. ____ \$

Photos

Others

TOTAL
