

ASS. REQ. BY: Steve

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 of \_\_\_\_\_  
 insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S	

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 G/A / 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: SHB 3363C Yr Regt: 95/8/20  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Tajeta Prins c.o. 1797  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: 306991 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDXB3F4K13092674  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD / RIM or  
 Tyre Size: F: 195/55R15  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front  
 R/Bal. 5 mm  
 L/Bal. 5 mm  
 D.O.A. 8/11/22  
 Survey held at Ding Auto  
 Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Rear  
 R/Bal. 5 mm  
 L/Bal. 5 mm  
 D.O.I. 10/11/22

29/11/2022 Finalise P/P \$9,217.49 @ 6 days (Red \$5,419.11/ 37%)

Date/Time, File Pass to?

☐ : Prelim. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Reporting Format:

Lump Sum / L.B.H. CP

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Prices

Others

TOTAL