

ASS. REC.BY: T. J. M.

REF:

033/CT12701871/T9P3

ASSIGNMENT

2026 April 1.
2011 April 1

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS/TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop/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: \$30k

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

wp - pres

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

GBH 665C

Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Fiat Doblo Cargo

c.c. 1600

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

275885

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZFA2630000* 9084166

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

185/60R16

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

TOYO / YOKO or

Front

R/Bal.

mm

L/Bal.

mm

D.O.A.

Survey held at

Topmax

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

Frt N/S

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

Date / Time Action / Instruction

Repair Range: \$6000 - \$7000, 7 days.

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.A. / _____