

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
X	X

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 74254 Yr Regn: 5 MAY 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: HYUNDAI 140 c.c. 1,685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 640,780 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMG4087912
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60 R16
 R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or WESTLAKE
 Front: _____ Rear: _____
 R/Bal. 3 mm R/Bal. 4 mm
 L/Bal. 3 mm L/Bal. 4 mm
 D.O.A. 2/12/2022 D.O.I. 7/12/2022
 Survey held at C DGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S REAR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Naz finalised LS \$3100, 3 days. (Red \$4460.20, 59%)

Date/Time, File Pass 107

1) 15/12 Typist

Date/Time, File Return 107

2)

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ - RS - SI

Photos

Others

TOTAL

Report Format : MER-TP

Lump Sum H.B. (\$ 3100)