

ASS. REC. BY:

REF: CT21

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. _____

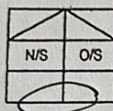
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

al. or Market Value: 8

DAC Accident Report: _____ Consistent? : Yes or No

IA / PR Seen: _____ Consistent? : Yes or No

t. Repairs: 8-10 days Res.: Yes or No

m Sum: 20 % 3 Val.: Yes or No

/ REV / REP. / 24 HRS

Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMH 24874 Yr Regn: 06, 16

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

Truck / Trailer or _____

Make: Toy Vell Fire c.c. 2493

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 143335 T/Radio: Insured / Std / NI / NA

Eng No: _____

C No: AGH 30 0040734

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rm or

Tyre Size: F: TOYO

R: 235/50R18

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 27/12/22

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
1	CLIP & EN not ready

File Pass to? ☐ : Prel. Report☐ : Final Report

File Return to?

Format:

um / I.B.I.: (\$

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL