

ASS. REC BY: Tauji

REF: 64/11123006758/TP93

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / VS / 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: _____

N/S	O/S

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

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
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SKW8985D Yr Regn: 2015 NoV
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota A/C: 1598
Colour: Silver A/C: Insured / Std / Nil / NA
Sp. Reading: 110822 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: MR053KEH104542372
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 205/55R16
R: _____
BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. W/1/23
Survey held at: Dickson Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date/Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format: _____
Lump Sum / L.B.A. / ?

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS \$ _____
Photos _____
Others _____