

ASS. REC. BY: Smf REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspcd Vehicle No: _____
at Workshop m/s _____
of _____
Insured: TMI
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: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res: Yes or No
Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Sha 514C Yr Regn: 19/05/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /
Truck / Trailer or
Make: Hyundai 1400 cc 1.685
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 712865 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KmhLB410mgv 089704
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NI / S/Rim / STD / RIm, or
Tyre Size: F: 195 / 65 R15
R: 195 / 65 R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 5 mm
L/Bal. 6 mm L/Bal. 5 mm
D.O.A. 15/1/23 D.O.I. 17/01/2023
Survey held at comfort
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
18/05/2023	Finalise L/S \$3,500.00 @ 4 days (Red \$4,554.72/57%)

18/05/2023 31/01/2023
1) TYPIST ☐ : Prell. Report
2) ☒ : Final Report

Report Format :
Lump Sum / I.B.I: (\$ L/S \$3,500.00)

Days Of Repair: 4
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	
Others	
TOTAL	