

ASS. REC. BY: _____

REP: _____

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SMV2354X Yr Regn: 2020 / Sept.

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

Truck / Trailer or _____

Make: Toyota Raize c.c. 996

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 91048 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: A200A 001 6033

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: 195/65R16

R: 195/65R16

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 10/05/23

*Survey held at YSK

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
	<u>TP Check</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>996A</u>

Date/Time, File Pass to? : Preli. Report

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2) _____

Transportation: _____

Report Format: _____

Add Fee: : Site Insp (\$ _____)

S + RS. \$ _____

: Interview (\$ _____)

Photos _____

: Tech. Inve (\$ _____)

Other _____