

REC BY: T. J. M.

REF:

CC3 / AIG 23002721 / TP13

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

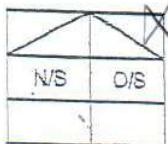
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Eddie

Veh No: SG55866

Yr Regn: 2016 Nov

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

Truck / Trailer or

Make: VW B9TC

C.D. 9364

Colour: Green

A/C: Insured / Std / NI / NA

Sp. Reading: 374529

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3V354P9249A179949

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70/R22.5

R: 225/60/R18

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

TOYO / YOKO, or

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. _____

D.O.L. 34/1/23

Survey held at SMKT WL

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

Frt o/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?



: Prelim. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RO. G. _____

F. J. S. _____

D. J. S. _____

Rep. Format: _____

Lump Sum: _____