

ASS. REF. BY: Toupin

REF:

INC

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.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB 1513R Yr Regn: 2014, out.

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

Truck / Trailer or

Make: MAN NL320F c.c. 10518

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

Sp. Reading: 691081 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WM HA 222 E7 E7 002292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/70R22.5

R: 225/70R22.5

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

TOYO / YOKO or Pirelli

Front R/Bal. 0 mm

L/Bal. 8 mm

D.O.A. _____

Survey held at SHIRT WL

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

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

05/05/2023 Finalise P/P \$2,043.00 @ 2 days (Red \$435.00/ 18%)

Date/Time, File Pass to?

☐ : Preli. Report

1) Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / I.B.I. / P/P \$2,043.00

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL