ASS. REC. BY: | REF:

# 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 8884H. Yr Regn: 2016 / Jan.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Mini Bus.

Make: Toyota Hiace. c.c 2982

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 528106. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 2230025955

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 R15C.

R: 195 R15C

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. | 27/02/23. |

Survey held at HD Perfect.

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

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

| Date / Time | Action / Instruction |
|---|---|
| | TP EQ. |
| | |
| | |
| | MV : |
| | PV : |
| | Nett : |
| | |
| | |

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ )

☐ : Tech. Invs ($ _____ )

Survey Fee:

Transportation: ___S + PS___SI

Photos

Others

Report Format : _____ _____