

PREP: Smg

REF:

ASS. REC. BY:

est

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: INC

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehc: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XXXX	XXXX

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: Shc 2379D Yr Rogr: 13/12/2017

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

Make: Hyundai 140 c.c. 1685

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

Sp. Reading: 666251 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KmhL341UMhu 098654

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SIR/m / STD / AIR/m, or

Tyre Size: F: 195/65R15
R: _____

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or WEBALAKE

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 10/12/23 D.O.I. _____

Survey held at Comfort

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

Date/Time, File Pass to? : Prell. Report
 : Final Report

1) _____
Date/Time, File Return to? _____
2) _____

Report Format : _____
Lump Sum / I.B.I.: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
S + RS: SI	_____
Photos	_____
Others	_____
TOTAL	_____

