

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 Rpt:

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: XD59324

Yr Regn: 18/07/12

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

Truck / Trailer or

Make:

Mit FV51 / 7MA c.c. 12882

Colour:

Green

A/C: Insured / Std / NI / NA

Sp. Reading:

358861

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FV515JA 00847

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:

295 / R 225

R:

Doupno

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

TOYO / YOKO or

Asate

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7 7/7

mm

L/Bal.

7

mm

L/Bal.

7/7 7/7

mm

D.O.A.

03/03/23

D.O.I.

7/13/23

Survey held at

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

O/S Rr.

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

Date / Time

Action / Instruction

Rg / 6k.

Cpe ure / 17-07-2017 LTA #22913

dmg glss #936.72

3/3/23 L/S # 1300 informd shui (Red. \$11059.91. 89%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 21/3/23

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

2x15=30

170+30

50

50

47

347

Report Format :

Tp

Lump Sum / I.B.I. (\$) 1300

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$