DEPT: Smf REF:

ASS. REC. BY:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insurer: TMI

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 163 G Yr Regn: 2011/19

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

Make: hyundai lorry cc 1580

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

Sp.Reading: 318514 T/Radio: Insured / Std / NI / NA

Eng No: –

C/No: KMHC851CVKU164638

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / U/Rim or

Tyre Size: F: 195/65R15 R:

BS / DUN / EXNOVA / GY / FS / LEA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	5/3/23	D.O.I.	8/3/23

Survey held at Lomfos

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
	L/S
	10/02/2023 Finalise L/S $1,250.00 @ 2 DAYS (RED $560.28/31%)

Date/Time, File Pass to? 1/05/2023 1) TYPIST

Date/Time, File Return to? 2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + R: $

Photos

Others

TOTAL

Report Format: TP

Lump Sum / LBI: ($ L/S $1,250.00)

Scanned with CamScanner