

ASS. REC. BY:

REF:

MS/ 23 003303/kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s

Trans Cab

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03 days

Res.: Yes or No

Lum Sum: _____

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: _____

SHF 591J

Yr Regn: 111.20

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

Truck / Trailer or

Make: _____

Toy Prit

c.c

1798

Colour

mt white / R

A/C:

Insured / Std / NI / NA

Sp. Reading

217511

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

J7DKB31EU 203092709

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: Wanti 195/65R15

R: Spilun

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

7

mm

R/Bal. _____

6

mm

L/Bal. _____

7

mm

L/Bal. _____

6

mm

D.O.A. _____

26/3/23

D.O.I. _____

30/3/2023

Survey held at _____

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, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

P. P. S.

Others

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

Tech Invs (\$ _____)

Weekend (\$ _____)

TOTAL

Report Format :

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