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: GU3232J. Yr Regn: 2008 Feb.

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

Make: Isuzu TFR86 c.c 2499.

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

Sp.Reading 524282 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: MPATFR86H7H586440

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: 215/65R15

R: 215/65R15.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	27/03/23	

Survey held at YSK.

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
	TP Claim. COE Expiry: 31/12/27.
	MV :
	PV :
	Nett :
	266D

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

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Report Format : ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	