

ASS. REC. BY:

NA 2

REF:

INC

JH L/S

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	Q/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: 51A 1618L Yr Regn: 22 DEC 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: HYUNDAI c.c. 1,685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB4110114097268Gen. Cond: Good (Fair) / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD / Rim orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or WESTATE

Front

Rear

R/Bal. 4 mm R/Bal. 5 mmL/Bal. 4 mm L/Bal. 5 mmD.O.A. 31/3/2023 D.O.I. 31/4/2023Survey held at EDGE LOYANG

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

O/S MIRROR

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

INC L/S

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee:

☐ : Site Insp (\$ _____) S + RS _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____) TOTAL

Report Format : _____

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

TOTAL