ASS. REC. BY: NAZ | REF: INC | LIM T/S

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / 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.

X	X	X
N/S		O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Secn: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SHA 1539G Yr Regn: 13/DEC/2017

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

Make: HYUNDAI I40 c.c 1,685

Colour BLUE A/C: (Insured) / Std / NI / NA

Sp.Reading 542,227 T/Radio: (Insured) / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMHU098605

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (norder) / Jammed / Leaked / Burnt or _____

Brake: (norder) / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / (STD A/Rim or _____

Tyre Size: F: 205 | 60 R16

R: 11

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	4/4/2023	D.O.I.	5/4/2023

Survey held at EDGE LOYANG

Des. of Damages (Frt) / Rear / O/S / N/S / U/C / Rooftop or _____

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

INC L/S

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	