

Ass. Ref. 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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMH4995G Yr Regn: 2015 / Jan.

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

Truck / Trailer or

Make: Kia Cerato C.C. 1591

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

Sp. Reading: 104717 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF1416MK5022842

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: 195/65R15
R: 195/65R15

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

*Survey held at

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 10/04/23

JL Perfect

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

Date / Time

Action / Instruction

TP EQ.

MV :

PV :

Nett:

020J.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
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