ASS. REC. BY: _____ REP: _____

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.

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: **SLZ4781Z** Yr Regn: **2018, May.**

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

Make: **Honda Jazz** c.c **1318**

Colour: **Red.** A/C: Insured / Std / NI / NA

Sp.Reading: **115600** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JHMGK3850JX218089**

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: **185/60R15**

R: **185/60R15**

	N/S	O/S

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

Front		Rear	
R/Bal.	**06** mm	R/Bal.	**06** mm
L/Bal.	**06** mm	L/Bal.	**06** mm
D.O.A.		D.O.I.	**28/04/23.**

Survey held at **Ryder.**

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 Chim -
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( )
1st Survey : No (✓)

175D

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Repair From / E.R.F. /G

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

Survey Fee: _____

Transportation: _____

$ + RS. SI

Photos

Others