

ASS. REC. BY: Taujith

REF: C2/TPS23004845/TVY3

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Capensis

Veh No: WD4608C Yr Regn: 2021, July
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Concrete Mixer truck
 Make: Mitsubishi Fuso c.c.
 Colour: White / Blue A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FS72 HSA 10001
 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: 295/80R22.5
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Cing Long
 Front: _____ Rear: _____
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. _____ D.O.I. 15/5/23
 Survey held at Goldbell Tires
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt, Rear, Rooftop
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Lathey marks</u>
	<u>N/S will pass separate letter</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Feet:

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.S. / L.: