

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Est. Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SU3762L Yr Regn: 2017, Nov  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: BMW 318i C.C. 1499.  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 104871 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WBA8E32000A 020274  
 Gen. Cond: Good / air / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modif: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/40R19  
 R: 225/40R19

(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

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

| Front               |  | Rear                   |  |
|---------------------|--|------------------------|--|
| R/Bal. <u>06</u> mm |  | R/Bal. <u>06</u> mm    |  |
| L/Bal. <u>06</u> mm |  | L/Bal. <u>06</u> mm    |  |
| D.O.A. _____        |  | D.O.I. <u>18/05/23</u> |  |

\*Survey held at AKA

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

Front o/s.

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

| Date / Time | Action / Instruction                   |
|-------------|----------------------------------------|
|             | <u>TP Budget Direct</u>                |
|             | <u>COE Expiry</u>                      |
|             | <u>Estimate given during : Yes ( )</u> |
|             | <u>1st Survey : No (✓)</u>             |
|             | <u>MV :</u>                            |
|             | <u>PV :</u>                            |
|             | <u>Nett :</u>                          |
|             | <u>431C</u>                            |

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Inve (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3 + RS. \$ \_\_\_\_\_

Photos

Others

Report Formed:

Print Form / Print