

ASS. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remarks: 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

Veh No: YQ8411J Yr Regn: 2022, Oct

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

Truck / Trailer or

Make: Nil Fuss c.c. 2998

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

Sp. Reading: 27776 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB21E435904

Gen. Cond: Good / Fair / 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: 195/85 R15

R: 195/85 R15

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. 21/06/23

Survey held at Joyslar

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 Claim 111

COE Expiry :

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

MV :

PV :

Nett :

834Z.

Date/Time, File Pass to?

Preli. Report

Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Report Format:
