

ASS. NO. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estim. Cost: _____

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

To Insured 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 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: SLV 5146Y Yr Regn: 2017, Dec.

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

Truck / Trailer or

Make: Toyota Hybrid 1797

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

Sp. Reading: 137867 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800278200

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

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

COE Expiry :

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

SIDE.

Date / Time Action / Instruction

TP SMRT

MV :

PV :

Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

Survey Fee:

Transportation:

\$ + R.S. \$

Photos

Others

Report Format:

Printed Form / RPT / G