

ASS. REC. BY: TaughtREF: 111

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☒ WS ☒ TP RES ☒ OD RES ☒ EVA ☒ INV ☒ MV

To Inspect Vehicle No: _____

at Workshop n/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: \$44K

IDAC Accident Report _____ 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: SLG 2169EYr Regn: 2016 / SepType: ☒ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Toyota Axio c.c. 1496Colour: white A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 24253 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: NKE 165 7136531Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☐ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☐ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185 / 60 R15R: 22

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or Habibead

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 11/7/230345pmSurvey held at Kent AutoDes. 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

Date/Time, File, Pass to?

☐

: Prel. 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 Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.R. (F) _____