

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To In: _____ Vehicle No: _____
 at W: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____
 (Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: _____ 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: SNR9W9B Yr Regn: 2016/Sept.
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz E220D C.D. 1950
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 234864 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD2130042A029504
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/55R17
 R: 225/55R17

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Capson

Front 06 mm Rear 06 mm
 R/Bal. 06 mm L/Bal. 06 mm
 D.O.I. 12/08/24

Survey held at Kany
 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
	<u>TP Chim</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV: 681K</u>
	<u>PV: 35.3K</u>
	<u>Nett: 32.71K</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Photos

Others

Report Format: _____

Printed Name / P. No. / C. No.