Asst. By: | REF:

# ASSIGNMENT

From: Date:

Estim. Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claim No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNL6143C Yr Regn: 2016, Oct.

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

Make: Honda Civic C.C 1498

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

Sp.Reading: 123591 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC1660GT000037

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17. R: 225/45R17.

| | N/S | O/S |
|---|---|---|
| | | |

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

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

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. | 13/08/24 |

Survey held at 2020 Spray Painting

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 ECICS. |
| | COE Expiry : |
| | Estimate given during 1st Survey : Yes ( ) No (✓) |
| | MV : |
| | PV : |
| | Nett : |
| | 685J |

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Inve ($ )

Survey Fee:

Transportation: $ + RS. $

Photos

Others