REF:

ASSIGNMENT

From: Date:
Estim. Cost:
OD / TP CLAIMS / TP RES / OD RES / EVA / INV / MV
To Inspect 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.

N/S	O/S

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:

Veh No: GBL1801L. Yr Regn: 2021, March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Hiace C.C 2982
Colour: Grey. A/C: Insured / Std / Nil / NA
Sp.Reading: 69051 T/Radio: Insured / Std / Nil / NA
Eng/No:
C/No: J7FHT0219002516689
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: 195R15C
R: 195R15C
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.	14/08/24

Survey held at: Xin Hua.
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 Alleg. COE Expiry: ✓
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV:
	PV:
	Nett:

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report
1)
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:
Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inves ($)

Survey Fee:
Transportation: $ + RS. $1
Photos
Others

Report Format: