

ASSIGNMENT

Front: _____ Date: _____
 Est: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vek: _____
 (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: SM 65479D Yr Regn: 2018 Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda 3 C.D. 1496
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 84782 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BN22A8K0264555
 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: 205/60R16
 R: 205/60R16

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>19/08/24</u>

Survey held at Auto United
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front n/s.

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

Date / Time	Action / Instruction
	<u>TP 1st Gap</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>Yes ()</u>
	<u>No (✓)</u>
	<u>MV: 631K</u>
	<u>PV: 23.4K</u>
	<u>Nett: 39.6K</u>
	<u>215C</u>

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

1) Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

☐ : S + RS \$1

☐ : Photos

☐ : Others

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1. Origin 2. Date 3. File 4. P. 5. C.