REF:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP INS / TP RES / OD RES / EVA / INV / MV

To Insured 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: SMF6102P Yr Regn: 2009, July.

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

Make: Honda Civic C.C 1595

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 212144. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD46209S200457

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.

BS / DUN / EXNOVA / GY / FS / MAZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Tourador.

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	19/06/24	

Survey held at One Garage

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 INC — COE Expiry : 30/04/2029.
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV :
	PV :
	Nett :
	379C

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 ($) S + RS. SI

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Report Format :