

ASSIGNMENT

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

N/S	O/S

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: YM7172B Yr Regn: 2007 / Sept.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mit Fuso FE83BE 2977
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 545428 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FE83BEA10125
 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: 7.00 R16
 R: 7.00 R16

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

Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 22/08/24
 Survey held at MS Car
 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 Claim</u>
	<u>COE Expiry : 31/07/2027</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 44K (Depreciation @ 14.5K x 3yr)</u>
	<u>PV : 15.4K (44K)</u>
	<u>Nett : 28.6K</u>
	<u>369E</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invoice (\$)

Survey Fee: _____

Transportation: _____

Photos
 Others

Report Form: _____

Report Form: _____