ASSIGNMENT

From: _____ **Date:** _____

Estim _____

OD / ____ / TP RES / CD RES / EVA / INV / MV

To In____Vehicle No: _____

at W____ ____ m/s

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Ens ____ **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: SLS1424L **Yr Regn:** 2016, Oct.

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

Make: Toyota Wish **c.c** 1798

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

Sp.Reading 153953 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20W40J005559

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: 195/65R15

R: 195/65R15.

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. 22/08/24.	

Survey held at Green Forest

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 Great American	COE Expiry :
		Estimate given during : Yes ( )
	MV :	1st Survey · No (✓)
	PV :	
	Nett :	
		0775.

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

P. eport Format :

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation:

Add Fee: [ ] : Site Insp ($ _____) S + RS ____ $I

[ ] : Interview ($ _____) Photos

[ ] : Tech. Inve ($ _____) Others