Asst. Engr: REF:

ASSIGNMENT

From: Date:

Estimate Amount:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Ins Val: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SMM348A Yr Regn: 2019, June,

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

Make: Honda Freed c.c 1496

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

Sp.Reading 185514. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GB71075803

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: 185/65R15

R: 185/65R15.

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Fortune

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:

	Front		Rear	
R/Bal.	06	mm	06	mm
L/Bal.	06	mm	06	mm
D.O.A.			D.O.I.	27/08/24

Survey held at Infinity Auto 57

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S.

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

Date / Time	Action / Instruction
	TP SPF. PRS. COE Expiry :
	Estimate given during : Yes ( ) / No (✓)
	MV : 1st Survey
	PV :
	Nett :
	757C

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

Report Format :

Survey Fee:

Transportation: ___ @ + RS. ___ SI

Photos

Others