

ASSIGNMENT

Front: _____ Date: _____
 Estn: _____
 OD / TP / TP RES / CD RES / EVA / INV / MV
 To in Vehicle No: _____
 at W/O m/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____
 (Policy Condition)

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: SLK8760L Yr Regn: 2017, Feb.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mit Attrage C.D. 1193
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 163016 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MMBSTA13AHH003652
 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: 185/55R15
 R: 185/55R15

BS / DUN / EXNOVA / GY / FR / IZA / MIC / DHTSU / PIR / SUMI /
 TOYO / YOKO or Habilead

Front: _____ Rear: _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 04/09/24

Survey held at K7 Motorwerk
 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 Budget Direct.</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>064F.</u>

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee: _____
 Transportation: _____
 3 + RS. \$1
 Photos
 Others

Report Format: _____

Report Form / I.P. / S.