

ASSIGNMENT

Front: _____ Date: _____
 Estin: _____
 OD / TP / RES / OD RES / EVA / INV / MV
 To In: _____ Vehicle No: _____
 at W: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vek: _____
 (Policy Condition)

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

Bal. or Min. Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repair: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: F3R3064C Yr Regn: 2020 / April
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: SYM VF185 C.D. 183

Colour: Black A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: RLGGAA501LDA 01206

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 90/80 R17

R: 120/70 R17

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

Front: _____ Rear: _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 05/09/24

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

TR INC

COE Expiry:

Estimate given during: Yes ()
 1st Survey: No (✓)

MV:

PV:

Nett:

847F.

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee:

Transportation:

_____ S + RS. _____ SI

Photos

Others

Report Formist:
