REF:

ASSIGNMENT

From: Date:
Estimate Cost:
OD / TP INS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No:
at Workshop m/s
of
Insured:
Policy No
Claims No
Sum Insured: Excess:
(Client's Record)
Make of Veh:
(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJP757Y. Yr Regn: 2009, March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Hyundai Avante C.C 1591
Colour Brown A/C: Insured / Std / NI / NA
Sp.Reading 249261 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHDU41BR94711369.
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 Falken.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	05/08/24

Survey held at MG Solution

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 INC — COE Expiry : 28/02/2029. ✓
	Estimate given during 1st Survey : Yes (✓) No ( ) ✓
	MV :
	PV :
	Nett :

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:	
__$ + RS.__$1	
Photos	
Others	

Report Format: