

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / TP / RES / OD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 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 Rpt: _____ 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: SLH4338R Yr Regn: 2016 / Nov
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Attis C.S. 1598
 Colour: White A/C: Insured / Std / NI / N.A.
 Sp. Reading: 56843 T/Radio: Insured / Std / NI / N.A.
 Eng/No: _____
 C/No: MROS3REN104556289
 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: 215/45R17
 R: 215/45R17

BS / DUN / EXNOVA / GY / FR / IZA / 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. 05/09/24
 *Survey held at Unimotor
 Des. of Damages: Frnt / 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>785L.</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. Invt (\$ _____)

Survey Fee: _____
 Transportation: _____
 Photos _____
 Others _____