

ASSIGNMENT

From: _____ Date: _____

Estn: _____

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

To in _____ Vehicle No: _____

at _____ m/s

of _____
Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(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. Repairs: _____

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: SMK38984

Yr Regn: 2019 / March

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

Truck / Trailer or

Make: Toyota Camry Hybrid

2487

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 137012

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AXVH 701027080

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: 215/55 R17

R: 215/55 R17

BS / DUN / EXNOVA / GY / ES / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 12/09/24

Survey held at Modern

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

TPA IG

COE Expiry

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

MV :

PV :

Nett :

1285

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + R.S. \$1

Photos

Others

Add Fee:

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

Report Format:

Report Form / Report Form