

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / 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 Vehicle: _____
 (Policy Condition)

Veh No: SLQ8169M Yr Regn: 2017, July.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mazda 3 C.D. 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 127371 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BN22A8H0153329
 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: 215/50R17
 R: 215/50R17

Remark: Vehicle had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PP 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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / 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. 09/09/24
 Survey held at Advance
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front x/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP AIG</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : Yes ()</u>
	<u>PV : No (✓)</u>
	<u>Nett :</u>
	<u>284F.</u>

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: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 Photos _____
 Others _____