

ASSIGNMENT

From:

Date:

Estimate No.:

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

To in Vehicle No.:

at Work / Home

of

Insured:

Policy No.

Claims No.

Sum Insured

Excess:

(Client Record)

Make of Vehicle

(Policy Condition)

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

N/S	O/S

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

Date / Time

Action / Instruction

TP AIG

MV:

PV:

Nett:

Veh No:

SBN5454T

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

Truck / Trailer or

Make:

Topla Sienta

Colour

Silver

Sp. Reading

54898

Eng/No:

C/No:

NSP1707295107

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:

185/60R15

R:

185/60R15

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

COE Expiry

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

8745

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

8 + RS. \$1

Photos

Others

Report Format:

Printed Form / F.P.P. / C.C.