Asst. Surv:

REF:

ASSIGNMENT

From: _____ Date: _____

Estim Cost: _____

OD / ~~RD~~ / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at W/Shop/s _____ _____

of _____

Insured: _____

Policy No _____

Claim's No _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Veh No: SLL9907U Yr Regn: 2017, March.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda ~~Vezel~~ HRV c.c 1496.

Colour Purple A/C: Insured / Std / NI / NA

Sp.Reading 214626 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRU18106X202049

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: 215/60R16.

R: 215/60R16

	N/S	O/S
Remark: The veh had commenced its repair at the time of inspection.		

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

	Front		Rear	
R/Bal.	06	mm	06	mm
L/Bal.	06	mm	06	mm
D.O.A.			D.O.I.	18/09/24

Survey held at Twin Cars.

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
	MV :
	PV :
	Nett :

CoE Expiry :

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

Survey Fee: _____

Transportation: _____

$ + RS. $

Photos _____

Others _____

Report Format: _____