

ASSIGNMENT

FROM: _____ Date: _____
 Esun ^{Cost} _____
 OD / ^{TP RES} / TP RES / CD 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: STX 7507P Yr Regn: 2019 July
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Freed C.C. 1496
 Colour: Blue A/C: Insured / Std / NI / N.A.
 Sp. Reading: 144921 T/Radio: Insured / Std / NI / N.A.
 Eng/No: _____
 C/No: GB31031603
 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: 195/55R15
 R: 195/55R15

N/S	O/S

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. Repair: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
 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. 20/09/24
 Survey held at Moder
 Des. of Damages: Fr / 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>TPALG</u>
	COE Expiry: <u>07/07/2030</u>
	Estimate given during: Yes () 1st Survey: No (✓)
	MV: _____
	PV: _____
	Nett: _____
	361B

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Addl Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invt (\$)
 Survey Fee: _____
 Transportation: _____
 Photos _____
 Others _____