

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at ~~Work~~ / ~~Site~~ / ~~Home~~ / ~~Other~~ _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: There 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

Veh No: STF4238K Yr Regn: 2008, AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Stream C.D. 1799Colour: White A/C: Insured / Std / NI / NASp. Reading: 208784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RNG1064148Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16

BS / DUN / EXNQA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Greenlander

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 24/09/24Survey held at Xin HingDes. 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 AllCOE Expiry: 23/04/2028Estimate given during: Yes ()
1st Survey: No ()MV: 39KPV: 14.7KNett: 24.3K269A.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$

Survey Fee:

Transportation:

B + P.S. \$

Photos

Others

Report Format:

Report Format: A.P. / P.C.