

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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. 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 SMART
	COE Expiry
	Estimate given during 1st Survey: Yes (✓) / No ()
	MV: 47K
	PV: 27K
	Nett: 20K

159R

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Veh No: SLT4078C Yr Regn: 2017 Oct

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

Truck / Trailer or _____

Make: Kia Carens C.C. 1685

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

Sp. Reading: 362043 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAMU815VJ7192774

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: 215/45R17

R: 215/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or Medallion

Front R/Bal. 06 mm Rear R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 25/09/24

Survey held at AIF

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

Rear o/s

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + R.S. \$ _____

Photos _____

Others _____

Addl Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)

