REF:

ASSIGNMENT

From: Date:

Estim / Adjust:

OD / TP INS / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLF4165H. Yr Regn: 2016, August.

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

Make: Honda Vezel C.C 1496

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: A30836. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1115495

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: 215/55R17.

R: 215/55R17.

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

Front: R/Bal. 06 mm, L/Bal. 06 mm

Rear: R/Bal. 06 mm, L/Bal. 06 mm

D.O.A. D.O.I. 30/09/24.

Survey held at Ten Ten.

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 Liberty.
	MV: 31K.
	PV: 15.5K
	Nett: 15.5K

COE Expiry:

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

987I

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

1) [ ]: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Addl Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inve ($)

Survey Fee:

Transportation:

$ + RS. $

Photos

Others

Report Format: