

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estm: \_\_\_\_\_  
 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 Vek: \_\_\_\_\_  
 (Policy Condition)

Veh No: SCZ9218H Yr Regn: 2015, March  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Altis C.D. 1598  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 137982 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MRO53REH104521208  
 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: 205/55R16  
 R: 205/55R16

Remark: They 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. 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 / QHTSU / PIR / SUMI /  
 TOYO / NOKO 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. 30/09/24  
 \*Survey held at SM  
 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.

Date / Time	Action / Instruction
	TP 1st Cap.
	COE Expiry :
	Estimate given during : Yes (✓) 1st Survey : No ( )
	MV : 15K
	PV : 9.9K
	Nett : 3.1K

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format : \_\_\_\_\_  
 Reason Form / I.P. / C.G.

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Inve (\$ \_\_\_\_\_)  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + R.S. \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_