

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To Insure Vehicle NO: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: The vehicle 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

Veh No: SKM6413D Yr Regn: 2014, March

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

Truck / Trailer or

Make: Mercedes Benz CLA200 1595

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

Sp. Reading: 130973 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173432N073645

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: 225/45R18

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Matrax

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 30/09/24

*Survey held at

Genus

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

Front N/S

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

Date / Time Action / Instruction

TP AWA

COE Expiry : 25/03/2034

Estimate given during : Yes (✓)

1st Survey : No ()

MV :

PV :

Nett :

574I

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + P.S. \$

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Report Format:

Report Form: F.P.R. / C