

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To In: _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(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. Repair: _____ 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: SKJ861SR Yr Regn: 2013 / MayType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Civic C.C. 1598Colour: Black A/C: Insured / Std / NI / NASp. Reading: 99891 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM FB1630CS200996Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 16 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 03/10/24Survey held at LBCDes. of Damages: Fit / 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 LibertyCOE Expiry: 31/03/2033MV: 89K (Depreciation @ 10.5K x 8.5yrs

Estimate given during: Yes ()

PV: 72.9K ~ 89K 1st Survey No ()Nett: 16.1K9036

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

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

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Report Format: _____

Reported by: _____