REF:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TPPD / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/m/s

of

Insured:

Policy No:

Claims 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMZ9621H Yr Regn: 2016 / June.

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

Make: BMW 216D C.C 1496

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

Sp.Reading: 401861 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2E320005B45034

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: 225/45R17. R: 225/45R17.

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

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

D.O.A. D.O.I. 28/10/24

Survey held at Xin Hua

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 AIG.
	COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No ( )
	MV:
	PV:
	Nett:

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. Inv ($)

Survey Fee:

Transportation: $ + RS. $

Photos

Others

Report Format: