

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 No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: 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: SKX1772S Yr Regn: 2015 / NOV

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

Truck / Trailer or

Make: Nissan Teana C.D. 1997

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

Sp. Reading: 99549 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAL33Z0005086

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 55 R17

R: 215 / 55 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO 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. 07/10/24

Survey held at

Auto United

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 Sampo

COE Expiry

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

MV: 29K

PV: 21.3K

Nett: 7.7K

506Z

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: _____

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invoice (\$

Report Format: _____

Report Format: _____