Asst: Ref:

ASSIGNMENT

From: Date:

Estimate Amount:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Insert Vehicle No:

at W/Shop/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SXS8837J Yr Regn: 2018, Oct.

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

Make: Land Rover Range Rover C.C 2993

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

Sp.Reading 91708 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SALGA2AV3JA501356

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: 295/40R22

R: 295/40R22

BS / DUN / EXNOVA / GY / FS / IZA / 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.	08/10/24.

Survey held at Hua Mey

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 INC
	MV :
	PV :
	Nett :

COE Expiry :

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Report Format :

Survey Fee:

Transportation: $ 3 + RS. SI

Photos

Others