

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: Tereh 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: SNF2655A Yr Regn: 2022 May

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

Truck / Trailer or

Make: Toyota Yaris Cross CC: 1490

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

Sp. Reading: 69784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MXPB102014894

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: 205/65R16

R: 205/65R16

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Survey held at

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

MS car

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 ALG

COE Expiry :

Estimate given during : Yes ()

1st Survey : No (✓)

MV :

PV :

Nett :

9448

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Survey Fee:

Transportation:

3 + RS \$ _____

Photos

Others

Report Form:

Report Form: