

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To In _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

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. 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: SMA1709Z Yr Regn: 2018, May

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

Truck / Trailer or

Make: Honda Shuttle Hybrid 1496

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

Sp. Reading: 205479 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP71208328

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: 185/60R15

R: 185/60R15

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

TOYO / YOKO or

Blackhawk

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 14/10/24

Survey held at Hua Meng

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
	<u>TP Liberty</u>
	COE Expiry: _____
	Estimate given during: Yes ()
	1st Survey: No ()
	MV: <u>551K</u>
	PV: <u>16.7K</u>
	Nett: <u>38.3K</u>

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format: _____

Report Form: _____