

ASSIGNMENT

From: _____ Date: _____
 Estm: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in Vehicle NO: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client Report)
 Make of Veh: _____
 (Policy Condition)

Veh No: SLA6624M Yr Regn: 2016, March
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel C.D. 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 253836 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU11107881
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: 215/60R16

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

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / IZA / MIC / 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. 09/10/24
 Survey held at KT Garage
 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 Budget Direct</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : Yes (✓)</u>
	<u>PV : No ()</u>
	<u>Nett:</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____ Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Form: _____

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Inve (\$ _____)

Days Of Repair: _____

Survey Fee: _____
 Transportation: _____
 Photos: _____
 Others: _____