Asst. By: REF:

ASSIGNMENT

From: Date:

Estimate Amt:

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

To Inspect Vehicle No:

at WOF Rm/s

of

Insured:

Policy No.

Claims No.

Sum Ins'ed: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLQ233M. Yr Regn: 2017 / June

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

Make: Audi A4 c.c 1395

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 138224 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF46HA164447

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: 205/60R16

R: 205/60R16.

	N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRE / SUMI / TOYO / YOKO or

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:

	Front		Rear	
R/Bal.	06	mm	06	mm
L/Bal.	06	mm	06	mm
D.O.A.			D.O.I.	09/10/24

Survey held at Success 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 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 ($)

Survey Fee:

Transportation:

$ + P.S. $

Photos

Others

Report Format :