

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in Vehicle No: _____

at Work / Site / Home / Other

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum INS / Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh 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. Repairs: _____ 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: SMV 2504E Yr Regn: 2020 / Sept.

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

Truck / Trailer or

Make: Honda Civic C.D. 1597

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

Sp. Reading: 91364 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC56SOLT000290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16

R: 215/55R16

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 NSI

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 Claim

COE Expiry: _____

Estimate given during: Yes C / No C / 1st Survey

MV: 93K

PV: 37.6K

Nett: 55.4K

21SD

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + R.S. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

Report Format: _____

Report Form: _____