

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at Work _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: The 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: SJE6724K Yr Regn: 2008, MayType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Estima CD 2362Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 280951 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACRS00068712

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: 215/60R17R: 215/60R17

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

TOYO / YOKO or Tourador

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 15/10/24Survey held at Xin HuaDes. 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 ALG</u>
	COE Expiry: <u>01/05/2028</u>
	Estimate given during: Yes (✓)
	1st Survey: No ()
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

Report Format: _____

Report Form: _____