

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim 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. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SPH2884M Yr Regn: 2015, NOV

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

Truck / Trailer or

Make: Lexus NX200T C.D. 1998

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

Sp. Reading: 227835 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTJBARBZ302034108

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: 235/50R18

R: 235/50R18

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 21/10/24

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 : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV : 58K</u>
	<u>PV : 38.2K</u>
	<u>Nett : 19.8K</u>

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 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invoice (\$

Report Format: _____

Report Form: _____