

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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: _____

Date / Time: _____ Action / Instruction: _____

MV: 23K

PV: 12.4K

Nett: 10.6K

Veh No: SLB8890S Yr Regn: 2016, April

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

Truck / Trailer or

Make: Honda Verel C/D: 1496

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

Sp. Reading: 307439 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11107588

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: 215/60R16

R: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI / TOYO / YOKO or G.t.

Front: _____ Rear: _____

R/Bal: 06 mm R/Bal: 06 mm

L/Bal: 06 mm L/Bal: 06 mm

D.O.A. _____ D.O.I. 22/10/24

Survey held at N51

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, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

_____ 3 + RS. \$1

Photos

Others

648C

COE Expiry !

Estimate given during : Yes (✓)
1st Survey : No ()