Asst: REF:

# ASSIGNMENT

From: Date:

Estim Cost:

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

To insp Vehicle No:

at Workshop/s

of

Insured:

Policy No

Claim s No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

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:

Veh No: SLU599911 Yr Regn: 2017, Dec

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

Make: Hyundai Elantra c.c 1591

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

Sp.Reading 170821 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD84CMJU590490

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 205/55R16

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 28/10/24 |

Survey held at JEC

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 (✓)

287H.

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: $ + RS $

Photos

Others

Report Format :

Report Submitted to :