ASS. ... REF:

ASSIGNMENT

From: ____ Date: ____
Estim. Cost: ____
OD / TPPD / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: ____
at Workshop/s ____
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.

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: SNP4078A Yr Regn: 2016 June.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ____
Make: Jaguar XE c.c 1999
Colour: White. A/C: Insured / Std / NI / NA
Sp.Reading: 149174. T/Radio: Insured / Std / NI / NA
Eng/No: ____
C/No: SAJAB4ANXHA954004
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: 225/55R18
R: 225/55R18
(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. ____

Rear
R/Bal. 06 mm
L/Bal. 06 mm
D.O.I. 28/10/24

Survey held at: Xin Hua.
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 Liberty.
	COE Expiry :
	Estimate given during 1st Survey : Yes ( ) No ( )
	MV: 47K
	PV: 26.7K
	Nett: 20.3K

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: ____ $ + R$. ____ $I
Photos
Others

Addl Fee: [ ] : Site Insp ($ ____)
[ ] : Interview ($ ____)
[ ] : Tech. Inve ($ ____)
[ ] : ... ($

Report Format: ____