

REF:

ASSIGNMENT

From:

Date:

Estimate No.:

 OD / TP / TP RES / CD RES / EVA / INV / MV
To in Vehicle No.:at W/O m/s

of

Insured:

Policy No.

Claim No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

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:

Vehicle: IN / OUT

Veh No:

GBH6201

Yr Regn:

2018, August

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

Truck / Trailer or

Make:

Toyota Dyna

C.D. 2982

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

251370

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFA T35Y30K210380

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:

195 R15 C Giti

R:

155 R12 C Falken

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

Front

R/Bal.

06

mm

Rear

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

04/11/24

Survey held at

Bifrost

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 SMRT

COE Expiry

 Estimate given during : Yes C ✓
1st Survey : No C ✓

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

B + RS. \$1

Photos

Others

Report Form:

1. Main 2. Sub 3. P.P. 4. C