

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / TP RES / OD 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)

Remarks: Trench 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: GB66981T Yr Regn: 2017 Oct.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV200 C.D. 1461

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

Sp. Reading: 119851 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM2020146484

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/70 R14C

R: 175/70 R14C

ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Blackhawk

Front ob

Rear

R/Bal. _____ mm R/Bal. ob mm

L/Bal. ob mm L/Bal. ob mm

D.O.A. _____ D.O.I. 05/11/24

Survey held at

A-Tee

Des. of Damages: Fnt / 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 :

395D

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Photos

Others

Report Forwarded to:

Reported by: _____