

REF:

ASSIGNMENT

From: _____ Date: _____

Est: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Vehicle 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. Repair: _____ 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: SLJ3560K Yr Regn: 2016/DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HondaC.D. 1496Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading 117079

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRV1810G X201217Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 04/11/24Survey held at NSIDes. 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 Budget DirectCOE ExpiryEstimate given during : Yes (C)
1st Survey : No (C)MV : 361KPV : 20.9KNett. 15.1K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Addl Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

Survey Fee:

Transportation:

) 3 + RS. \$1

) Photos

) Others

Report Forward:

Report Forward: