REF:

ASSIGNMENT

From: Date:
Estin Exst:
OD / TPNS / TP RES / OD RES / EVA / INV / MV
To in Vehicle No:
at Workshop/s
of
Insured:
Policy No.
Claims No.
Sum Insured Excess:
(Client 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 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: SNID 3673B Yr Regn: 2021, Dec
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Altis c.c. 1598
Colour White A/C: Insured / Std / NI / NA
Sp.Reading 32630 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: MR2BE3BE600017219
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: 225/45R17.
R: 225/45R17.
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. 01/11/24
Survey held at Chia Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP AIG
	COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)

Report Format:

Days Of Repair:
Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Inve ($)

Survey Fee:
Transportation: S + RS. SI
Photos
Others