Asst. ... REF:

ASSIGNMENT

From: ______ Date: ______

Estim/Inst: ______

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

To in vehicle No: ______

at W/Or km/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 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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SLK7602S. Yr Regn: 2017, Jan.

Type: M.Car (circled) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toyota Axio c.c 1496

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

Sp.Reading: 116004 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: NZE161-7122578

Gen. Cond: Good (circled) / Fair / Poor / Burnt

Steering: Inorder (circled) / Jammed / Leaked / Burnt or ______

Brake: Inorder (circled) / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim (circled) / STD A/Rim or ______

Tyre Size: F: 185/65R15

R: 185/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	30/10/24

Survey held at: YSK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Claim.
	COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV: 88K
	PV: 20.1K
	Nett: 17.9K
	833E

Date/Time, File Pass to? [ ] : Preli. Report

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Inves ($ ______)

Survey Fee: ______

Transportation: ______ $ + RS. ___ St

Photos ______

Others ______

Report Format: ______