Ass. No: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Insured Vehicle No:

at W/S m/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. Repair: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMS362B Yr Regn: 2020, Feb.

Type: M.Car / M.Cycle / Bus / Van / Lorr / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Shuttle c.c. 1496

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

Sp.Reading 174519 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK82103480.

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: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM / TOYO / YOKO or Toucados

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	22/04/25

Survey held at Huc Meng.

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 LonPac
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during 1st Survey : Yes ( ) No ( )

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:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

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