

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estn: \_\_\_\_\_  
 OD / ~~TP~~ / 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 Vch: \_\_\_\_\_  
 \*\*  
 (Policy Condition)

Veh No: SMY8250G Yr Regn: 2021, March.  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Suzuki Jimmy C.C. 1460  
 Colour: Pink. A/C: \_\_\_\_\_ Insured / Std / NI / NA  
 Sp. Reading: 58591 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JB74W117814  
 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: 195R15C  
 R: 195R15C

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ 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

Front		Rear
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>12/11/24.</u>

Survey held at Twinler.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front N/S.

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

Date / Time	Action / Instruction
	<u>TP China</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : 118K</u>
	<u>PV : 36.7K</u>
	<u>Nett: 81.3K</u>

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

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Form used: \_\_\_\_\_

Report Form used: \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Insp (\$)

Survey Fee:

Transportation:

3 + R.R. \$1

Photos

Other
