

REF:

ASSIGNMENT

Front: _____ Date: _____

Estimate No: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Work / Site / Home / Otherof _____
Insured:

Policy No: _____

Claim No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: 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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM8046E Yr Regn: 2017, AprilType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Harrier C.D. 1986Colour: Black A/C: Insured / Std / NI / NASp. Reading: 133054 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZSU600090013Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/55R18R: 235/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 12/11/24Survey held at HD PerfectDes. 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

TR INCCOE ExpiryEstimate given during : Yes ()
1st Survey No ()

MV :

PV :

Nett :

297J

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + P.S. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inva (\$)

Report Form: _____

Report Form: _____