

REF:

ASSIGNMENT

From: _____ Date: _____

Estn: _____

OD / TP / RES / OD RES / EVA / INV / MVTo In Vehicle No: _____at W/O / Ins / Ins

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

N/S	O/S

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

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: SGS7354AYr Regn: 2016 DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota AltisC.D. 1598Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 66975

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3REH 104562426

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16R: 205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.A. 12/11/24Survey held at JL 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

TP MTC

COE Expiry: _____

Estimate given during: Yes (✓)

1st Survey: No ()

MV: 35KPV: 21.3KNett: 13.7K904A

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Photos _____

Others _____

Report Format: _____

Report Form: _____