

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

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

Bel. 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: SND6280G

Yr Regn: 2023 / July

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Niro

C.D. 1580

Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 31688

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNACT81EVR5107346

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 12/11/24

Survey held at Twincar

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

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

COE Expiry: _____

Estimate given during: Yes ☒ / No ☐

1st Survey: Yes ☒ / No ☐

806H

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. Invt (\$ _____)

☐

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Photos _____

Others _____

Report Format: _____

Report Format: _____