REF:

ASSIGNMENT

From: ______ Date: ______

Estim. / Cost: ______

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

To in... Vehicle No: ______

at Workshop/s ______

of ______

Insured: ______

Policy No: ______

Claims No: ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: ______

IDAC Accident Rport: ______ 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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SNM6006K Yr Regn: 2023, August.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Nissan Serena C.C 1198

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

Sp.Reading: 72970 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JN1EBAC27Z0001982

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or ______

Brake: (In order) / Jammed / Leaked / Burnt or ______

Modi: 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 Greentrac

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: MG Solution.

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 INC COE Expiry :
	Estimate given during : Yes (✓)
	MV : 1st Survey : No ( )
	PV :
	Nett :

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. Inv. ($ ______)

Survey Fee: ______

Transportation: ______ S + RS. ______ $ ______

Photos ______

Others ______

Report Format: ______