REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To insp. Vehicle No:

at W/S / Premises

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Veh No: CB7050M. Yr Regn: 2012, Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or XML6770J18

Make: Golden Dragon C.C 3759

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

Sp.Reading: 399705 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LL3ADADE6CA002539

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/75R17.5

R: 215/75R17.5

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm

D.O.A. D.O.I. 19/12/24.

Survey held at 154 Gul Circle

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

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

Bal. or Market Value:

IDAC Accident Report: 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:

Date / Time	Action / Instruction
	TP Sompo (CPRS) COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No ( )
	MV: 25K.
	PV: 2K
	Nett: 23K.

597D

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. ___SI

Photos

Others

Report Format: