ASS. REF: | REF:

ASSIGNMENT

From: Date:

Estimate Cost:

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

To inspect Vehicle No:

at WORKSHOP/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMP5613K Yr Regn: 2015, Dec

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

Make: Mazda 3 C.C 1496

Colour Bronze A/C: Insured / Std / Nil / NA

Sp.Reading 115824 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JM6BM42A8G0328506

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: 205/60R16

R: 205/60R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	14/11/24

Survey held at Kary Car.

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

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

Date / Time	Action / Instruction
	TP Ergo.
	MV : 19K
	PV : 13.2K
	Nett : 5.81K

COE Expiry :

Estimate given during 1st Survey : Yes (✓) No ( )

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 + R$ S

Photos

Others

Report Format :