

REF:

CS/INC 24110404/Aqh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at Work in/s _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured _____ Excess: _____

(Client's Record)

Make Of Vehicle _____

(Policy Condition)

N/S	O/S

Remark: The vehicle 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. 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: SKX7065K Yr Regn: 2015, DecType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios C.D. 1497Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 100257 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHFBT9F3406065781Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/50R16R: 195/50R16

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

TOYO / YOKO or

Champiro

Front

Rear

R/Bal. 86 mmR/Bal. 86 mmL/Bal. 86 mmL/Bal. 86 mm

D.O.A.

D.O.A. 20/11/24

Survey held at

NHNBDes. 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 INCCOE Expiry: ✓

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

MV: 191KPV: 14.1KNett: 4.9K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Add Fee: ☐

Site Insp (\$)

Interview (\$)

Tech. Inve (\$)

Report Form used: _____

Report Form used: _____