REF:

ASSIGNMENT

From: _____ Date: _____

Estm Cost: _____

OD / TPFT / TP RES / CD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Workshop/s _____ _____

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Insured _____ Excess: _____

(Client's Record)

Make of Veh _____

(Policy Condition)

Veh No: SMR5479X Yr Regn: 2020 / Jan.

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

Make: Mit Attrage CC 1193

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 212565 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AKH002482

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: 195/50R15

R: 195/50R15

N/S	O/S

Remark: 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: _____ % S Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	26/11/24

Survey held at Modern

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 A16.
	MV :
	PV :
	Nett :

COE Expiry :

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

516H.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

Survey Fee:	
Transportation:	
$ + R$	$
Photos	
Others	