REF:

ASSIGNMENT

From: Date:

Estm Dist:

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

To in Vehicle No:

at W/S:

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

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: SJS1273D - Yr Regn: 2019, June

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

Make: Toyota Previa C.C 2362

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

Sp.Reading 72987 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEGD56M30712486.

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: 215/55R17

R: 215/55R17

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

Front: R/Bal. 06 mm; L/Bal. 06 mm

Rear: R/Bal. 06 mm; L/Bal. 06 mm

D.O.A. D.O.I. 03/12/24

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
	78 (11)
	COE Expiry :
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV :
	PV :
	Nett
	0082

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:

Add Fee: : Site Insp ($) S+RS. SI

: Interview ($) Photos

: Tech. Inve ($) Others

Report Format :