

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in _____ Vehicle No: _____

at W _____ m/s

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

==

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Est. or Material Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ 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: SJW9283B Yr Regn: 2010 April

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

Truck / Trailer or

Make: Toyota Altis C.D. 1598

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

Sp. Reading: 257985 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3ZEE106175332

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Atrazzo

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 Twin Car

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

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Form ref:

1. Regn 2. Accn 3. P. 4. Cn

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

S + P.S. \$

Photos

Others

COE Expiry : 28/04/2025

Estimate given during : Yes ☒

1st Survey : No ☐

906J