Assr. Ref: REF:

ASSIGNMENT

From: Date:

Estim Request:

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

To inspect Vehicle No:

at Workshop/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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMK3130B Yr Regn: 2019, April

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

Make: Honda HRV c.c 1496

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

Sp.Reading 53562 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU1810JX201479

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: 215/60R16

R: 215/60R16

BS / DUN / ENOVA / 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.	03/12/24

Survey held at Best Solution

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

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

Date / Time	Action / Instruction
	TP Budget Direct
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (/)

1st Survey : No ( )

285A

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: $ + RS $

Photos

Others