

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To Insure Vehicle No: _____

at W/O km/s _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Metal Value: _____

IDAC Accident Report: _____ 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: SNH732M Yr Regn: 2022 Sept.Type: (M) Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Vezel C.D. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 175169 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RV31007993Gen. 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: 215/60R16R: 215/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 25/02/25Survey held at Modern

Des. of Damages: Frt / Rear / O/S / I/S / UIC / Rooftop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Claim</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No ()</u>
	<u>MV : 112K</u>
	<u>PV : 63.4K</u>
	<u>Nett : 48.6K</u>
	<u>239W</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Photos _____

Others _____

Report Form No: _____

Report Form No: _____