

REF:

ASSIGNMENT

Front: _____ Date: _____
 Est: _____
 OD / TP / TP RES / OD RES / EVA / INV / MV
 To In: _____ Vehicle No: _____
 at W: _____ m/s
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh 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. 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: SFX311X Yr Regn: 2016 / Nov
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Outlander C.D. 2360Colour: Red A/C: Insured / Std / NI / NASp. Reading: 151141 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYXTGF3W G 2004461Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R18R: 225/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 01/07/24

Survey held at

MS CarDes. 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
	<u>TP 1st Rep.</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 481K</u>
	<u>PV : 28.1K</u>
	<u>Nett : 19.9K</u>
	<u>362H.</u>

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: _____

S + RS. \$1

Photos

Others

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

Report Format: _____

Report Form: _____