Assr: [illegible] REF:

ASSIGNMENT

From: _____ Date: _____

Estim: dist: _____

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

To In: Vehicle No: _____

at WO Bldg m/s _____ _____

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Ensured _____ 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: SLN1560C Yr Regn: 2017, April

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

Make: Honda Mobilio c.c 1497

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

Sp.Reading 151940 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHDD4870GP000401

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: 185/65R15

R: 185/65R15.

BS / DUN / EXNOVA / 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.	28/06/24

Survey held at SM

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
	TPAIG.
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓)
1st Survey : No ( )

327C.

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: ___$ – RS. ___SI

Photos

Others