

ASSIGNMENT

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

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market 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: SND20987 Yr Regn: 2021, Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Vios C.D. 1496
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 67104 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NZE1617133902
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 175/65R14
 R: 175/65R14

BS / DUN / EXNOVA / GY / FS / IZA / 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.I. _____ D.O.I. 16/12/24

Survey held at Kang
 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
	<u>TP Claim</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV : 104K</u>
	<u>PV : 41.3K</u>
	<u>Nett : 62.7K</u>

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: _____

Survey Fee: _____

Transportation: _____

3 + R.S. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)