REF:

ASSIGNMENT

From: Date:
Estin Adjust:
OD / TPINS / TP RES / CD RES / EVA / INV / MV
To in Vehicle No:
at W Forms m/s
of
Insured:
Policy No
Claims No
Sum Ins Unit: 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: SLA 8418 D Yr Regn: 2016, March.
Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Hyundai Elantra c.c 1591
Colour: White. A/C: Insured / Std / NI / NA
Sp.Reading: 129801 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: KMHD541CMHU102549
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: 225/45 R17. R: 225/45R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/12/24.

Survey held at N51
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
	TP INC COE Expiry:
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV:
	PV:
	Nett:

Date/Time, File Pass to? [ ]: Preli. Report
1) [ ]: Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: [ ]: Site Insp ($)
[ ]: Interview ($)
[ ]: Tech. Inve ($)

Survey Fee:
Transportation: $ + R.S. $
Photos
Others

Report Format: