REF:

ASSIGNMENT

From: Date:

Estn / Est. cost:

OD / 3FNS / TP RES / OD RES / EVA / INV / MV

To ins Vehicle No:

at W/Shop m/s

of

Insured:

Policy No

Claims No

Sum Ins

(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: SJV9561D Yr Regn: 2010, Feb

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

Make: Toyota Voxy c.c 1986

Colour: Black. A/C: Insured / Std / NI / NA

Sp.Reading: 274395 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZRR70025 6175

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: 205/60R16
R: 205/60R16

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

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 Twin Car.

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 (NC)	COE Expiry: 31/08/2029.
	Estimate given during 1st Survey: Yes (✓) No ( )
	MV:
	PV:
	Nett:
	1842

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:

Add Fee: [ ] : Site Insp ($) ___S + RS.___SI

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Report Format: