

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To In _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vek: _____

(Policy Condition)

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

Bel. or Matet 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: JSR 77 Yr Regn: 2023 Jan.

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Alphard CC 2493.

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

Sp. Reading: 220075 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AGH 300184989

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/50 R18

R: 235/50 R18

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Kapsen.

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 19/02/25.

Survey held at KT Mearmark

Des. of Damages: Frt / Rear / ☒ O/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	77 ECICS
	COE Expiry :
	Estimate given during : Yes ()
	1st Survey : No ()
	MV : RM152K
	PV : RM 20K
	Nett: RM 132K $\approx$ 40K

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format:

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

Survey Fee:

Transportation:

3 + RS. 31

Photos

Others