REF:

ASSIGNMENT

From: ______ Date: ______

Estim/Post: ______

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

To in/Vehicle No: ______

at W/Ex/Rm/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 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: SMZ7504T Yr Regn: 2016 June

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

Make: Toyota Altis c.c 1598

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

Sp.Reading 227221 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: MR053REH104552492

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: 225/45R17.

R: 225/45R17

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.	17/12/24.	

Survey held at Advance

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front o/s.

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

Date / Time	Action / Instruction
	TP China. COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV: 27K
	PV: 19K
	Nett: 8K
	134H

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 ($ ______) ___$ + RS.___$

[ ]: Interview ($ ______) Photos

[ ]: Tech. Inve ($ ______) Others

Report Format: ______