

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP / TP RES / OD RES / EVA / INV / MV
 To In: _____
 al VO: _____
 of: _____
 Insured: **SHA 2730M**
 Policy No: _____
 Claims No: **D24011105MFCT**
 Sum Insured: _____ Excess: _____
 (Client's Word)
 Make of Vek: _____

(Policy Condition)

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

Bal. or Market 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

Date / Time Action / Instruction

22/4/25 **7P 1st Cap** Adrian confirmed LS \$2300 (Red 6403.12, 73%)COE Expiry: **08/11/2030**

Estimate given during: Yes ()
 1st Survey: No ()

MV: **61K**
 PV: **21.3K**
 Nett: **39.7K**

785J

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: _____

Addl Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report Form: F.I.P.P. (C)