

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To in Vehicle No: _____

at W/O TP RES / CD RES / EVA / INV / MV

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum INS Used _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remarks: The veh 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. Repairs: _____ 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: SLD-1200U Yr Regn: 2016 June

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

Truck / Trailer or

Make: Mercedes Benz QA180 1595

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

Sp. Reading: 1271498 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173422N325563

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: 225/40R18

R: 225/40RS

ES / DUN / EXNOVA / GY / FS / LIZA / MIG / 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. 20/12/24

Survey held at Zoom

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 ALG.

COE Expiry

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

MV :

PV :

Nett :

5376

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:

S + P.S. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Report Format:

Report Form A, B, C, D