Assg. Stgy: REF:

ASSIGNMENT

From: Date:

Estim. Dist:

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

To Inspect Vehicle No:

at Workshop/s

or

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client Record)

Make of Veh

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNP2499G Yr Regn: 2024 Jan.

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

Make: Subaru WRX c.c 2387

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

Sp.Reading 20119. T/Radio: Insured / Std / NI / N.A

Eng/No:

C/No: JF1VBHK85PG007011

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Improper / Jammed / Leaked / Burnt or

Brake: Improper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R18.

R: 245/40R18.

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.	30/12/24.

Survey held at Huamery.

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 MSIG.
	MV :
	PV :
	Nett :

COE Expiry :

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

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

1)

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inve ($) : Workshop ($

Survey Fee:

Transportation: S + R.S. SI

Photos

Others