

ASSIGNMENT

Front: _____ Date: _____

Estin: _____

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

To In _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: _____

Remarks: 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

Veh No: SM Q8259A Yr Regn: 2019 Dec

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

Truck / Trailer or

Make: Toyota Sienta C.D. 1496

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

Sp. Reading: 326891 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP1707181269

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: 185/60 R15

R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / 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. 03/07/24

Survey held at Twin Car

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

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

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. \$1 _____

Photos _____

Others _____

046C

COE Expiry: _____

Estimate given during: Yes ☒

1st Survey: No ☐