

ASSIGNMENT

Front: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To In _____ Vehicle No: _____
 at V/O _____ m/s
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (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. 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: SNCL642J Yr Regn: 2021, Sept.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Note C.C. 1198

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

Sp. Reading: 99065 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1FAAE13Z0900015

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: 185/60R16

R: 185/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 02/07/24

TSL

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
	<u>TP Sampo</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 105K</u>
	<u>PV : 40.6K</u>
	<u>Nett : 64.4K</u>
	<u>02SR</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

1)

☐ : Final Report

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

3 + RS \$ _____

Report Format: _____

Report Form / I.P. / O.S.

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : _____