

ASSIGNMENT

Front: _____ Date: _____
 Estim: _____
 OD / TP / TP RES / CD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim's No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: 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: SM453317 Yr Regn: 2010, Ily.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz A200 C.D. 1332

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

Sp. Reading: 80808 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1771872J119679

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: 225/35R19
 R: 225/35R19

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. 27/06/24

Survey held at IL Perfect

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 ALG</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes</u>
	<u>1st Survey : No</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>606J.</u>

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: _____

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

Report Formed:

Report Formed: