

ASSIGNMENT

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

N/S	O/S

Remark: Tlveh 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: SLZ5330K Yr Regn: 2018 May
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda 3 CO: 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 139083 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: Jm6BN22A8H0169121
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modif: Nil S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 205/60R16

BS / DUN / EXNOVA / GY / FS / IZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A.	D.O.I. <u>09/07/24</u>

Survey held at Modern
 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 Chinc</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 581K</u>
	<u>PV : 24.2K</u>
	<u>Nett : 33.8K</u>
	<u>5862</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

Report Format:

Report Form: A/P 1/1