REF:

ASSIGNMENT

From: Date:

Estimate cost:

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

To Insured Vehicle No:

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBT1810T Yr Regn: 2021, NOV

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

Make: ~~Honda~~ Yamaha NMax c.c 155

Colour: Silver A/C: Insured / Std / Nil / NA

Sp.Reading: 107800 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MH3SG3680MK104090

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: 120/70R13

R: 130/70R13

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.		mm	L/Bal.		mm
D.O.A.			D.O.I.	11/07/24.	

Survey held at: JEC

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
	TP Liberty
	COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV: 12K
	PV: 6.6K
	Nett: 5.4K
	533C

Date/time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

___$ + RS. ___SI

Photos

Others

Report Format: