Asst. Mgr: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Insp. Vehicle No:

at WO Workshop/s

of

Insured:

Policy No.

Claim's No.

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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: GBM333Y Yr Regn: 2021, June

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

Make: BYD T3 C.C. —

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

Sp.Reading: 230151 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: LCOCE4DB3M0011670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R16

R: 185/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Greenlandes

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	12/07/24

Survey held at NSI

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 111
	COE Expiry :
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV :
	PV :
	Nett :
	783D.

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($) ☐ : Workshop ($)

Survey Fee:

Transportation: $ + R$ $

Photos

Others

Report Format :

Report Form A B C