PREMIUM AUTOMOBILES

REF:

ASSIGNMENT

From: Date:

Estimate Cost:

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

To Insured Vehicle No:

at Workshop:

of

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's 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. 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: SJW8422Z Yr Regn: 2010, April

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

Make: Toyota Vios C.C: 1497

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

Sp.Reading: 174982 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305160949

Gen. Cond: Good (circled) / Fair / Poor / Burnt

Steering: In order (circled) / Jammed / Leaked / Burnt or

Brake: In order (circled) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim (circled) / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

BS / DUN (circled) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 06 mm L/Bal. 06 mm

Rear R/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 11/07/24.

Survey held at HD Perfect.

Des. of Damages: Frt / Rear (circled) / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP AIG
	COE Expiry : 22/04/2025
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV : 9K
	PV : 2.6K
	Nett : 6.4K
	1236

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS. $

Photos

Others

Report Format: