Assr: Ref:

# ASSIGNMENT

From: Date:

Estim: Est:

OD / TPFT / TP RES / CD RES / EVA / INV / MV

To In: Vehicle No:

at WO Bldg/m/s

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.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PP 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: SMY3888A Yr Regn: 2018, Nov

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

Make: BMW X1 cc 1499

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

Sp.Reading 84571 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAJG12070EN49147

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: 225/55R17.

R: 225/55R17.

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. | 15/07/24. |

Survey held at JZ 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 |
|---|---|
| | TP ALG |
| | MV : |
| | PV : |
| | Nett : |

COE Expiry :

Estimate given during : Yes (✓) 1st Survey : No ( )

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Inve ($ )

Survey Fee:

Transportation: $ + PS $

Photos

Others