ASSIGNMENT

From: Date:
Estimate Cost:
OD / TP / TP RES / OD RES / EVA / INV / MV
To Insured Vehicle No:
at Workshop/s
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
Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMJ9019G Yr Regn: 2019, March.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mit Outlander c.c 1998
Colour Grey. A/C: Insured / Std / NI / NA
Sp.Reading 152824. T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: GF7W0600740
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: 225/55R18.
R: 225/55R18.
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. 23/07/24.
Survey held at Advance.
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 M816 COE Expiry:
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV:
	PV:
	Nett:
	046F

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?
2)
Report Format:

Days Of Repair:
Resurvey No. of Trip:
Add Fee: : Site Insp ($)
: Interview ($)
: Tech. Inve ($)

Survey Fee:
Transportation: S + RS. SI
Photos
Others