REF:

ASSIGNMENT

From: ______ Date: ______
Eng. Post: ______

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

To Ins. Vehicle No: ______
at Workshop m/s ______
of ______
Insured: ______
Policy No: ______
Claims No: ______
Sum Ensured: ______ 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 / 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: PD3378E. Yr Regn: 2023 oct.
Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Volvo. B11R C.C 10837
Colour: Gold A/C: Insured / Std / NI / NA
Sp.Reading: 65547. T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: YV3T2U82XNA209799
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: 295/80 R22-5
R: 295/80 R22.5

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

Front			Rear		
R/Bal.	08	mm	R/Bal.	08	mm
L/Bal.	08	mm	L/Bal.	08	mm
D.O.A.			D.O.I.	06/08/24.	

Survey held at YSL.

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:
	PV: 79K
	Nett:
	503C

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: ______
___ S + R.S. ___ S
Photos ______
Others ______

Report Format: