

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To In Vehicle No: _____

at W/O m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

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:

FBW3977S

Yr Regn:

2024 Myg

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

Truck / Trailer or

Make:

Aprilia SRGT 2003 174

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RP8MDS200NV003348

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

110/80R14

R:

150/70R15

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.

mm

L/Bal.

mm

D.O.A.

D.O.I.

26/07/24

Survey held at

MS Car

Des. of Damages: Frt / Rear / D/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

7PAIG

COE Expiry

Estimate given during: Yes ()

1st Survey: No (✓)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Form:

Form 2 (Rev. 1/12/13)