

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To In: _____ Vehicle No: _____

at W: _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: 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. Repair: _____ 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: VKV9919 Yr Regn: 2017, Nov

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

Truck / Trailer or

Make: Toyota Alphard C.D. 2362

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

Sp. Reading: 237221 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ANH208336439

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18

R: 235/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Survey held at

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

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 26/07/24

Auto United

Date / Time

Action / Instruction

TP 1st Cap.

COE Expiry

Estimate given during : Yes ()

1st Survey : No (✓)

MV : 94K (RM)

PV : 8K (RM)

Nett : 86K (RM) ± 24K

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. 81

Photos

Others

Report Format:

Report Format: