Assr: Ref:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Insp Vehicle No:

at Workshop/s

of

Insured:

Policy No

Claims No

Sum Ens ured: 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. 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: SMV3613S Yr Regn: 2020, August.

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

Make: Honda Civic c.c 1597

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 73885 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650LT000157

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17.

R: 225/45R17.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	29/07/24

Survey held at Gems Performance

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
	TR A/C
	MV :
	PV :
	Nett :

COE Expiry :

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

619H.

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: $ + RS $

Photos

Others

Report Format :

Report Submitted to :