

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estim: \_\_\_\_\_  
 OD / TP RES / TP RES / OD RES / EVA / INV / MV  
 To in \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 at \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **SHB 4483H**  
 Policy No: \_\_\_\_\_  
 Claims No: **D24006650MFCT**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Vehicle: \_\_\_\_\_  
 (Policy Condition)

Veh No: **FBE2409S** Yr Regn: **2010 Jan.**  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Honda Wave** C.D. **125**  
 Colour: **Blue** A/C: Insured / Std / NI / NA  
 Sp. Reading: **312847** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **NF125ST0029-328**  
 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: **70/80R17**  
 R: **80/80R17**

Remark: The veh 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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Maxxis**  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. **06** mm R/Bal. **06** mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. **27/7/2024** D.O.I. **31/6/24**  
 \*Survey held at **MS Car.**  
 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
	<b>TP 1st Cop.</b>
<b>10/4/25</b>	<b>Adrian confirmed LS \$1000 (red 3215.20, 76%)</b>
	<b>MV: 1200</b>
	<b>PV: 200</b>
	<b>Nett: 1K.</b>
	<b>COE Expiry: 20/01/2025.</b>
	<b>Estimate given during: Yes ( )</b>
	<b>1st Survey: No (✓)</b>
	<b>290J.</b>

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

Days Of Repair: **4**  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Inve (\$ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 3 + RS \$1  
 Photos  
 Others