

ASSIGNMENT

From: _____ Date: _____
 Estimator: _____
 OD / TP RES / TP RES / CD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 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. _____ D.O.I. 31/07/24
 *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
	<u>TP 1st Cop.</u>
	<u>COE Expiry : 20/01/2025.</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 1200</u>
	<u>PV : 200</u>
	<u>Nett : 1K.</u>
	<u>290J.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to? _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Inve (\$)

Survey Fee: _____
 Transportation: _____
) 3 + RS. \$1
) Photos
) Others

Report Formist: _____
 I. ...