

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: The 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: SKA1357D Yr Regn: 2011 / Jan.

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

Truck / Trailer or

Make: Hyundai Avante CC: 1591

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

Sp. Reading: 130115 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH DU41BMAU 024162

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/50R16

R: 205/50R16

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

TOYO / YOKO or

Black Hawk

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I. 01/08/24

Survey held at Auto united

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 Cap.</u>
	<u>COE Expiry : 23/01/2026</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV : 16K</u>
	<u>PV : 5.7K</u>
	<u>Nett : 10.3K</u>
	<u>244F</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Report Format: _____
