

ASSIGNMENT

Front: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in Vehicle No: _____
 at W/O in/s
 of _____
 Insured: _____
 Policy: File
 Claims: File
 Sum Insured Excess: _____
 (Client's Record)
 Make of Vehicle

(Policy Condition)

Remark: Vehicle had commenced its repair at the time of inspection.

N/S	O/S

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: SLE782H Yr Regn: 2024 / Jan.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Alphard Hynd 2487
 Colour: Bronze A/C: Insured / Std / NI / NA
 Sp. Reading: 7824 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTNACAAH 308001467
 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: 225/65R17
 R: 225/65R17

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

Front 06 mm Rear 06 mm
 R/Bal. 06 mm L/Bal. 06 mm
 D.O.A. 31/07/24

Survey held at JL Perfect
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP ALG

COE Expiry: _____

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

MV:
 PV:
 Nett:

2748

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Form ref:

Form 2011 / 1 / 1 / 1