

REF:

ASSIGNMENT

From: _____ Date: _____

Estim: ~~Post~~ _____OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MVTo in ~~Vehicle~~ No: _____at ~~Work~~ / ~~Shop~~ / ~~Home~~ / _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

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. Repairs: _____ 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: Smv10284 Yr Regn: 2020, Sept.Type: ~~M. Car~~ / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q3 Sportback 1385Colour: White A/C: Insured / Std / NI / NASp. Reading: 72588 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZ22F36L1122974Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17R: 215/55R17

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 08/08/24Survey held at Premium.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

OD ALG.COE ExpiryEstimate given during : Yes (✓)1st Survey : No ()MV: 1371CPV: 51-31CNett. 85.7K

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:

S + R.S. \$

Photos

Others

Report Form:

Report Form: