REF:

ASSIGNMENT

From: Date:
Estim Asst:
OD / TP RES / OD RES / EVA / INV / MV
To in Vehicle No:
at W/S:
of
Insured:
Policy No:
Claims No:
Sum Insured: Excess:
(Client Record)
Make of Veh:
(Policy Condition)

N/S	O/S

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
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SLX9167A Yr Regn: 2018 April
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mazda 3 c.c. 1496
Colour: White. A/C: Insured / Std / Nil / NA
Sp.Reading: 95377 T/Radio: Insured / Std / Nil / NA
Eng/No:
C/No: JM6BN22A8J0201097
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / (S/Rim) / STD A/Rim or
Tyre Size: F: 205/60R16
R: 205/60R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / (YOKO) or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	28/04/25.

Survey held at: Chia Auto
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
	TP / NC COE Expiry :
	Estimate given during 1st Survey : Yes ( ) No ( )
	MV :
	PV :
	Nett :

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

Days Of Repair:
Resurvey No. of Trip:
Addl Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)

Survey Fee:	
Transportation:	
$ + R.S.	
Photos	
Others	