REF:

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TP/S / TP RES / OD RES / EVA / INV / MV

To insp. Vehicle No:

at W/Shop m/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMQ6449G Yr Regn: 2019, Nov

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Kia Cerato C.C 1591

Colour Grey, A/C: Insured / Std / Nil / NA

Sp.Reading 42476 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: KNAF1416ML5058017

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: 205/55R16

R: 205/55R16

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.	12/08/24

Survey held at JEC

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
18 JEC	COE Expiry :
	Estimate given during : Yes ( )
MV :	1st Survey : No (✓)
PV :	
Nett :	
	7950.

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:

Add Fee: [ ] : Site Insp ($) ___S + RS.___SI

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

Report Format: