

ASS. BY:

REF:

CC4/ALG 21010559/Dpa³

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp Vehicle No: _____

at Work-top m/s _____

of _____

Insured _____

Policy # _____

Claims b. _____

Sum Insured: _____

Excess: _____

(Officer's Record)

Make of Veh: _____

(Police Condition)

Remarks: The veh had commenced its repair at the time of inspection.

Bal. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or NoLump Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC 70757Yr Regn: 2018 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru ForesterC.C. 1995Colour: Brown

A/C: Insured / Std / Nil / NA

Sp. Reading: 42550

T/Radio: Insured / Std / Nil / NA

Eng/No: FB20YE24718C/No: JF18J5KC5JG111292Gen. 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: 225/60 R 17R: 11

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

TOYO / YOKO or

Yokohama

Front

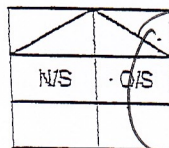
Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 10/10/22D.O.L. 14/10/22Survey held at Goh Lee Thwa AMK

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

O/S Portion

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



Date / Time

Action / Instruction

ALG SJV 6766A11/11/22Pinam 7/P 6,19.44 with 6 days of rep

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Add Fee:



Site Insp (\$) _____



Interview (\$) _____



Tech. Invs (\$) _____

Report Format: _____