

ASS. BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured _____

Policy No. _____

Claim sNo. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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. 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: SMU1266 Yr Regn: 2007, Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Estima c.c. 2362Colour: White A/C: Insured / Std / NI / NASp. Reading: 352779 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACR507025209Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModf: Nil S/Rim / STD A/Rim orTyre Size: F: 215/50R17R: 215/50R17

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. 30/03/23

Survey held at

HD Perfect

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

Rears o/s

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

Date / Time

Action / Instruction

TP ALG.COE Expiry: 11/01/2027Estimate given during: Yes ()
1st Survey: No ()

MV:

PV:

Nett:

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 (\$



: Interview (\$



: Tech. Inve (\$

Photos

Others

Report Form:

Form 1 / Form 2