

ASS. BY: _____

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estim. Cost: _____

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

To In: _____ Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim: S 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMAS118C Yr Regn: 2018 / May

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q5 C.C. 1984

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 90872 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF52J.A088921

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / 6 Rim / STD A/Rim or

Tyre Size: F: 245/40 R18

R: 245/40 R18

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at

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

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 27/04/23

Premium

Date / Time Action / Instruction

TP AIG.

COE Expiry

Estimate 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: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos

Others

Report Formed: _____

Report Formed: _____