

Ass. Ref. By:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim No. _____

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 Rpt: _____ 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: SMQ8659D Yr Regn: 2019, Dec.

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

Truck / Trailer or

Make: Honda Shuttle C.C. 1496

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

Sp. Reading: 97748 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK82100270 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 08/05/23

Survey held at

Leany

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

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

Date / Time Action / Instruction

TP 1st Cap.

COE Expiry :

Estimate given during : Yes ()
1st Survey : No (✓)

MV :

PV :

Nett :

992D.

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:

____ S + RS. ____ SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Report Format :

Final Form / L.R. P. 10