

ASS. No. 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)

Veh No: SLW 2928Y Yr Regn: 2018 / Feb.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Kia Cerato K3 c.c. 1591
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 181645 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAFZ411MJS755980
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/45R17
 R: 225/45R17

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

N/S	U/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 18/05/23
 Survey held at D and K
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

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

Date / Time	Action / Instruction
	<u>TP Budget Direct</u>
	<u>COE Expiry :</u>
	<u>Estimate given during : Yes ()</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>4218</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

1) _____ Date/Time, File Return to?
 2) _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____

Report Formed: _____
 Insured's Name / P.P. No. _____