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.

Claims No.

Sum Ensured: 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 Rport: _____ 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

                    Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SJA 4610 P**   Yr Regn: **2007, Dec**

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

Truck / Trailer or

Make: **Mazda 3**   c.c **1598**

Colour **Red**   A/C: Insured / Std / NI / NA

Sp.Reading **187351**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JM6BK10628 0368086**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or _____

Brake: **Inorder** / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: **205/55R16**

            R: **205/55R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /
TOYO / YOKO or

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 **Automobile Automobile Hub**

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

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

Date / Time	Action / Instruction
	TP Chinn

COE Expiry : **30/11/2027**

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

MV :

PV :

Nett :

                    930 F

Date/Time, File Pass to?   ☐ : Preli. Report   Days Of Repair:

1) _____   ☐ : Final Report   Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

                    Add Fee: ☐ : Site Insp ($ _____)   S + RS. _____ S

                             ☐ : Interview ($ _____)   Photos

Report Format :   ☐ : Tech. Inve ($ _____)   Others

Survey Fee:	
Transportation:	