

ASS. BY: _____ REP: _____

ASSIGNMENT

From: _____ Date: _____
 Estm. Total Cost: _____
 OD/ P/RWS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at _____ m/s
 of _____
 Insured: _____
 Policy No. _____
 Policy No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

Veh No: SMF 7849L Yr Regn: 2018, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Avante c.c. 1591
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 68977 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHD841CMJU767374
 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: 195/65R15
 R: 195/65R15

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

N/S	O/S

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. 96 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 29/05/23
 Survey held at SM
 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 III
	COE Expiry :
	Estimate given during : Yes (✓)
	1st Survey : No ()
	MV :
	PV :
	Nett :
	580 A .

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format : _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____)
 : Interview (\$) _____)
 : Tech. Invt (\$) _____)
 Survey Fee: _____
 Transportation: _____ \$ + RS. _____ \$
 Photos _____
 Others _____