

ASS. REF. BY: \_\_\_\_\_ REF: \_\_\_\_\_

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estin. Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SLW6798D Yr Regn: 2018, Feb  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota CHR C.C. 1797  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 126112 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 2YX102087546  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 215/60R17  
 R: 215/60R17

(Policy Condition)

N/S	U/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Fireenza  
 Front Rear  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 29/05/23  
 Survey held at HD Perfect!  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front n/s, u/c  
 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 AIG</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>117H</u>

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

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

Report Format: \_\_\_\_\_  
 Main Form / R.P. / C