

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. _____

Claims 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: SN0634J Yr Regn: 2016, NOVType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 116D c.c. 1496Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 1376/42 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720305C07741Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17

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

TOYO / YOKO or

Petlas

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mmL/Bal. 06 mmD.O.I. 12/06/23

Survey held at

JD Motorsport

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

Front O/S

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

Date / Time Action / Instruction

TP EQ

COE Expiry:

Estimate given during: Yes C)
1st Survey: No C)

MV:

PV:

Nett:

866 C

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Report Format:

Report Form: I/P.P. / C