

ASS. REC. BY: _____ REP: _____

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: _____

Veh No: SLM4599C Yr Regn: 2017, March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Renault Fluence c.c. 1461
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 147598 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VF1LZLFOE55517995
 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: 205/55R17
 R: 205/55R17

(Policy Condition)

N/S	O/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 Nexen

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 28/06/23
 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
	<u>TP Claim</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : Yes (✓)</u>
	<u>PV : No ()</u>
	<u>Nett :</u>
	<u>959C</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Form: _____
 I and in Form / I.P.P. / C

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Inve (\$) _____
 Survey Fee: _____
 Transportation: _____
 Photos _____
 Others _____