

ASS. BY: _____ REP: _____

ASSIGNMENT

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

Veh No: SJN655T Yr Regn: 2016, Oct.
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Honda Mobilio c.c. 1497
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 138867 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MRHDD48706P000298
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 185/65R15
R: 185/65R15

(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 Continental
Front _____ Rear _____
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 05/07/23
Survey held at Auto united
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

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
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|--|
| | <u>TP INC.</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>753 J.</u> |

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

Days Of Repair: _____
Resurvey No. of Trip: _____

Date/Time, File Return to? _____

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

| | |
|-----------------|-------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| _____ + RS. SI | _____ |
| Photos | _____ |
| Others | _____ |

Report Format: _____
