

Ass. 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:

(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: SMM8391X Yr Regn: 2019/ July.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Harde HRV c.c. 1496

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 239526 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRU1810JX201960

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: 225/50R18

R: 225/50R18

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 13/07/23

Survey held at

Modern

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 China</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>8125.</u>

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐
☐

: Preli. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ S + RS ____ \$

Photos

Others

Add Fee:

☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

Report Format:

1. Report Form / TP / P / C