

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claim No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vek: _____
 (Policy Condition)

Veh No: SLP9983C Yr Regn: 2017, May
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Freed Hybrid C.D. 1496
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 148697 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: G371012673
 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: 185/65R15
 R: 185/65R15

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

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front Rear
 R/Bal. ob mm R/Bal. ob mm
 L/Bal. ob mm L/Bal. ob mm
 D.O.A. _____ D.O.I. 13/08/24

Survey held at JL Perfect
 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 INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes C ✓</u>
	<u>1st Survey : No C ✓</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

3 + RS \$1

Photos

Others

Report Format: _____

Report Date: _____