

ASSIGNMENT

Front: _____ Date: _____
 Estn: _____
 OD / TP / TP RES / OD RES / EVA / INV / MV
 To In _____ Vehicle No: _____
 at W _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vek: _____

(Policy Condition)

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

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

Veh No: SMA6369M Yr Regn: 2018, June

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

Truck / Trailer or

Make: Toyota Prius Alpha C.D. 1797

Colour: Grey. A/C: Insured / Std / NI / NA

Sp. Reading: 124480 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZVW400028710

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or

Front

R/Bal. 96 mm

L/Bal. 96 mm

D.O.A. _____

Survey held at

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

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

Rear

R/Bal. 96 mm

L/Bal. 96 mm

D.O.I. 12/08/24

MG Solution

Date / Time

Action / Instruction

TP INC

COE Expiry

Estimate given during: Yes (✓)

1st Survey: No ()

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format:

Report Form / R.P. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

\$ + R\$ \$

Photos

Others