

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP / TP RES / CD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at W/O _____ m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(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. Repair: _____ 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: SM 6 1730 D Yr Regn: 2018 / Nov

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

Truck / Trailer or

Make: Tapta Noah Hybrid C.O.D. 1797

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

Sp. Reading: 152640 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800339497

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 195/65 R15

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at Itua May

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. 06 mm

L/Bal. 06 mm

D.O.A. 09/09/24

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) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Inve (\$ _____)

Survey Fee:

Transportation:

3 + RS. \$ _____

Photos

Others

Report Format:

1. Main / 2. Detail / 3. P.P. / 4. C