

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Vehicle 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLH 6444D Yr Regn: 2016, NOV

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

Truck / Trailer or

Make: Honda Vezel Hybrid C.C. 1496

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

Sp. Reading: 189974 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Ru31213729

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: 215/60R16

R: 215/60R16

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

TOYO / YOKO or Hubilead

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 12/09/24

Survey held at MG Solution

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 (✓)</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invoice

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

Report Format: _____

Report Form: _____