

REF: CS/INC24090106/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in Vehicle No: _____

at Work / m/s _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Tlevch 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. Repair: 4 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>LS \$1850, 4 days (Red \$6470.08, 78%)</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

1) 21/01 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invoice

Report Format: TP

Report Form: _____