

REF:

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured _____ Excess: _____

(Client Record)

Make of Vehicle _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: GBL9664M Yr Regn: 2022, August.

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

Truck / Trailer or

Make: Toyota Hiace C.D. 1998

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

Sp. Reading: 29194 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRH2000359262

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: 195R15C

R: 195R15C

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. 10/09/24

Survey held at TSL

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 ALG</u>
	<u>COE Expiry !</u>
	<u>Estimate given during 1st Survey : Yes () No (x)</u>
	MV :
	PV :
	Nett :
	<u>491A.</u>

Date/Time, File Pass to?

 : Preli. Report
 : Final Report

Days Of Repair: _____

1)

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Inve (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Form:

Report Form: