

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 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)

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

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repair: 6 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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>LS \$5400, 6 days (Red \$7922.20, 59%)</u> |
| | <u>MV :</u> |
| | <u>PV :</u> |
| | <u>Nett :</u> |
| | <u>COE Expiry :</u> |
| | <u>Estimate given during 1st Survey : Yes () No (x)</u> |
| | <u>491A.</u> |

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 1

1) 20/01 Typist
 Date/Time, File Return to?
 2)

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Inve (\$) _____

Survey Fee: _____
 Transportation: _____
 B + RS. \$1 _____
 Photos _____
 Others _____

Report Form: TP