

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To In Vehicle No: _____

at W Day / s _____

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Ins _____ Excess: _____

(Client's Record)

Make of Veh _____

(Policy Condition)

Remark: The veh 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: Smk4390k Yr Regn: 2019 April

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

Truck / Trailer or

Make: Kia Cerato C.D. 1591

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

Sp. Reading: 92374 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF1416mkS032760

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: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Survey held at

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I.

06/09/24
Sin Yu Jm.

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

TP INC

COE Expiry :

Estimate given during : Yes C ✓

1st Survey : No C)

MV :

PV :

Nett :

042 F.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Report Form: _____

Report Form: _____