

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: There 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: SLV1136C Yr Regn: 2024 / March

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

Truck / Trailer or

Make: Honda Sleepwagon C.O. 1993

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

Sp. Reading: 42219. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RP81033312

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: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY FS / I / IZA / MIC / DHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 17/09/24

*Survey held at Twin car

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 :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Inve (\$ _____)

Survey Fee:

Transportation:

_____ S + R. S

Photos

Others

Report Forward:

Report Form / I.P. / C