

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To inspect vehicle NO: _____

at Work / TPMS / _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: There 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. 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: SNC9191R Yr Regn: 2021 / AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Camry Hybrid 2487Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 61029 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNB23HK103101973

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: 235/45R18R: 235/45R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mmL/Bal. 06 mmD.O.A. 17/09/24Survey held at KanyDes. 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

TPAIG

COE Expiry: _____

Estimate given during: Yes (✓)

1st Survey: No ()

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS: \$ _____

Photos

Others

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

Report Format: _____

Report Form: _____