ASSIGNMENT

From:	Date:
Estin = & Inst:	
OD / PINS / TP RES / OD RES / EVA / INV / MV	
To ins = Vehicle No:	
at W = tum/s	
of	
Insured: YP 220B	
Policy No.	
Claims No. MT/1295636-002	
Sum Ensured: 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 Rport: _____ 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: _____

Right column:

Veh No: **SFWS9P**   Yr Regn: **2020, July.**

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: **Mercedes Benz GLE 300d   1991**

Colour **Black.**   A/C: Insured / Std / NI / NA

Sp. Reading **103493**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **WDC2539842F742181**

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or _____

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Modi: Nil / (S/Rim) / STD A/Rim or _____

Tyre Size: F: **235/55R19.**
             R: **235/55R19.**

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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. **16/9/2024**   D.O.I. **23/09/24**

Survey held at **One Garage.**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction		
	TP INC.	COE Expiry :	
10/4/25	Adrian confirmed LS $2800 (Red 7725.40, 73%)	Estimate given during: Yes ( ) : No (✓)	
		1st Survey	
	MV :		
	PV :		
	Nett :		
		659 I	

Days Of Repair: **3**
Resurvey No. of Trip: _____

		Survey Fee:	
		Transportation:	

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)

Add'l Fee: ☐ : Site Insp ($ _____) $ + RS. ___ $I
☐ : Interview ($ _____)   Photos
☐ : Tech. Inves ($ _____)   Others

Report Format:
Repair form / LPR / CS