ASSIGNMENT

Froim: _____ Date: _____

Estin _____

OD / TPINS / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

ai WO _____ m/s _____

oi _____

Insured: _____

Policy No _____

Claims No _____

Sum Ens unit _____ 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: _____

| Veh No: | GBL146B. | Yr Regn: | 2021, Feb. |

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

Truck / Trailer or _____

Make: Toyota Dyna   c.c 2982

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

Sp.Reading 82345   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35YX0K216378

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C
            R: 155 R12C

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.			D.O.I.	24/09/24	

Survey held at   KT Motorwerk

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 (✓)	
	MV :	1st Survey : No ( )	
	PV :		
	Nett :		
		803C	

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

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. _____

Photos _____

Others _____