

ASSIGNMENT

From: _____ Date: _____

Estim: ~~Estim~~ _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To in ~~Vehicle~~ No: _____

at W ~~Estim~~ / s _____

of _____

Insured: _____

Policy No: _____

Claimes No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vek: _____

(Policy Condition)

Remark: Tlevah 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: SNT 4276 Yr Regn: 2024 / Sept.

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

Truck / Trailer or

Make: Toyota Noah Hybrid C.O. 1797

Colour: Grey. A/C: Insured / Std / NI / NA

Sp. Reading: 2651 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2WR90088245

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 25/09/24

Survey held at

K7 Malwarek

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:

866C

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:

3 + RS \$

Photos

Others

Report Format:

Report 24 Hrs / 1 P.R. / 1 C