

REF:

CS/INC24100131/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

OD / TP / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at Work / Shop / Home / _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: The vehicle 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: 3 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: SX588377 Yr Regn: 2018/Oct.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Land Rover Range Rover C.C. 2993Colour: Black A/C: Insured / Std / NI / NASp. Reading: 91708 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SALGA2AV37AS01356Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: NI / S/Rim / STD A/Rim orTyre Size: F: 295/40R22R: 295/40R22

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. ob mm R/Bal. ob mmL/Bal. ob mm L/Bal. ob mmD.O.A. _____ D.O.I. 08/10/24

Survey held at

Hua MayDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP INC</u>
	LS \$5600, 3 days (Red \$5792.12, 51%)
	COE Expiry: _____
	Estimate given during: Yes ☒ No ☐
	1st Survey: _____
	MV: _____
	PV: _____
	Nett: _____

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 31) 08/11 Typist

Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format: TPReport Form: TP