

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP / TP RES / CD RES / EVA / INV / MV

To in Vehicle NO: _____

at Work / Shop / _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SLZ9338M Yr Regn: 2018, March

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

Truck / Trailer or

Make: Infinity Q50 cc 1991

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

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

Eng/No: _____

C/No: JN1BCAV3720530150

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: 225/50R18

R: 225/50R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 15/10/24

JEC

Des. of Damages: Frt Real / 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 (X)

MV :

PV :

Nett:

509J

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + R\$ _____ \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

Report Format: _____

Report Form: _____