

ASSIGNMENT

FRONT: _____ Date: _____
 Estn: _____
 OD / TP RES / TP RES / OD RES / EVA / INV / MV
 To In _____ Vehicle No: _____
 at _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)

Veh No: SNK66055 Yr Regn: 2015, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Aerda Vezal C.D. 1496
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 156489 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU11103977
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: 215/60R16

Remark: Tlveh had commenced its repair at the time of inspection.
 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: _____

N/S	O/S

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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>08/10/24</u>

 Survey held at Success United
 Des. of Damages: FR / 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>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV: 20K</u>
	<u>PV: 11.2K</u>
	<u>Nett: 8.8K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Addl Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Inve (\$) _____
 Survey Fee: _____
 Transportation: _____
 : 3 + RS \$1 _____
 : Photos _____
 : Others _____