

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / TP / TP RES / CD RES / EVA / INV / MV
 To in _____ Vehicle No: _____
 at _____
 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. Repairs: _____ 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: SLX6967C Yr Regn: 2015, Oct.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Nissan Qashqai C.D. 1997
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 139850 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: SJN7BAJ1141459682

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R19.
 R: 225/45 R19.

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

Front	Rear
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>11/10/24</u>

Survey held at TSL

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front N/S.

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 : Yes ()</u>
	<u>1st Survey : No ()</u>
	<u>MV : 23K</u>
	<u>PV : 16.9K</u>
	<u>Nett. 6.1K</u>
	<u>726I</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Report Form: _____

Report Form: _____