REF:

ASSIGNMENT

From: ______ Date: ______

Estim / Cost: ______

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

To in Vehicle No: ______

at W/S m/s ______

of ______

Insured: ______

Policy No: ______

Claims 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 Rport: 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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SMX2832Y Yr Regn: 2021, Jan.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toyota CHR C.C: 1797

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

Sp.Reading: 202120 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: ZYX102126877

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ______

Brake: (Inorder) / Jammed / Leaked / Burnt or ______

Modi: Nil / (S/Rim) / STD A/Rim or ______

Tyre Size: F: 215/60R17
R: 215/60R17

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	15/10/24

Survey held at: Twin Car

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 (✓)
	1st Survey : No ( )
	MV :
	PV :
	Nett :

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: ______

___ $ + RS. ___ $/

Photos ______

Others ______

Report Format: ______