Assr: Sby: | Ref:

ASSIGNMENT

From: Date:

Estn: Cost:

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

To Insd Vehicle No:

at Wksp/s

of

Insured:

Policy No.

Claim's 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMN4918Z Yr Regn: 2019, August.

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

Make: Seat Toledo c.c 1395

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

Sp.Reading 107126 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VSSZZZNHZK1010742.

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: 185/60R15

R: 185/60R15

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	16/10/24

Survey held at HD Perfect.

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

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

Date / Time	Action / Instruction
	TP INC
	COE Expiry :
	Estimate given during : Yes (✓)
	MV : 561C
	1st Survey No ( )
	PV : 22.1K
	Nett :
	4232

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : ... ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others