

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / 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 Vehicle: _____

(Policy Condition)

N/S	O/S

Remarks: 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: WTX 4907 Yr Regn: 2010

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

Truck / Trailer or

Make: Hyundai Avenza C.D. 1495

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

Sp. Reading: 191601 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PX2F602M002034258

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: 195/60R15

R: 195/60R15

BS / DUN / EXNOVA / GY / FS / IZA / 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. 18/10/24

*Survey held at N51

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: RM 18K

PV: RM 2K

Nett: RM 16K ± 5K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

☐ : Final Report

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Survey Fee:

Transportation:

3 + RS. \$ _____

Photos

Others

Report Format: _____

Report 24 Hrs / 48 Hrs / 72 Hrs