ASSIGNMENT

From: _____ Date: _____

Estn / Relnst: _____

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

To ins / Vehicle No: _____

si W / M/s _____

of _____

Insured: _____

Policy No _____

Claims No _____

Sum Ensur _____ 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: _____

Date / Time	Action / Instruction
	TP INC
	MV :
	PV :
	Nett :

Vehicle: IN / OUT

Veh No: **SFL268K** Yr Regn: **2019, Oct.**

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

Make: **Skoda Superb** c.c **1984**

Colour **Green** A/C: Insured / Std / Nil / NA

Sp.Reading **76323** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **TMBBD7NPIK7032560**

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **235/40R19.**

R: **235/40R19.**

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

Front		Rear	
R/Bal. **06** mm		R/Bal. **06** mm	
L/Bal. **06** mm		L/Bal. **06** mm	
D.O.A.		D.O.I. **22/10/24**	

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.

COE Expiry : ✓

Estimate given during : Yes (✓)
1st Survey : No ( )

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) _____

Report Format:

Report Form / LR / CR

Days Of Repair: _____

Resurvey No. of Trip: _____

Add'l Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Survey Fee: _____

Transportation:

S + RS $

Photos

Others