REF:

ASSIGNMENT

From: Date:
Estin / Adjust:
OD / ... / TP RES / OD RES / EVA / INV / MV
To inspect vehicle No:
at Workshop 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: GBM 36529. Yr Regn: 2023/March.
Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Skineray X30 C.C -
Colour Red. A/C: Insured / Std / NI / NA
Sp.Reading 12320. T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: LM6CKD2X4PX002357
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: 175/70R14. R: 175/70R14.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Arivo.

Front
R/Bal. 06 mm
L/Bal. 06 mm
D.O.A.

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

Survey held at NSI
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 1st Survey: Yes (✓) No ( )
	MV:
	PY:
	Nett:

Date/Time, File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:
Survey Fee:
Transportation:
Add Fee: [ ] : Site Insp ($) __S + RS.__SI
[ ] : Interview ($) Photos
[ ] : Tech. Inve ($) Others

Report Format: