

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To in Vehicle No: _____
 at W/O km/s
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vcl: _____

(Policy Condition)

N/S	O/S

Remark: There had commenced its repair at the time of inspection.

Bal. or Material 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: SM67967 Yr Regn: 2021 / August
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A5 C.D. 1984

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

Sp. Reading: 29340 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF58MAJ52686

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/40 R18
 R: 245/40 R18

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

Front		Rear
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>25/10/24</u>

Survey held at KT Workshop

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:

984Z

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:

S + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

Report Form: _____

Report Form: _____