

REF:

CS/INC24100496/Aqh3

ASSIGNMENT

From: _____ Date: _____

Est: _____

OD / TP / RES / CD 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

Remark: Trench 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: 5 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: SNC10549 Yr Regn: 2019 / AugustType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Suzuki Swift C.D. 998Colour: Red A/C: Insured / Std / NI / NASp. Reading: 87740 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JSAAZC13S00300171Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/55R16R: 185/55R16BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 06/11/24Survey held at KT MotorwerkDes. 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

LS \$3800, 5 days (Red \$15212.08, 80%)

COE Expiry: _____

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

MV: _____

PV: _____

Nett: _____

0.15Z

Date/Time, File Pass to?

☐

: Preli. Report

1) 05/02 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + R: \$

Photos

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invo (\$Report Format: TP

Report Form: _____