

REF:

CS/INC24100503/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estn: _____

OD / ~~TP~~ / 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

Remark: Tlervah 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. Repair: 6 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: SLE 5585CYr Regn: 2016, JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda VezelC.D. 1496Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 200219

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11202579Gen. 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 orTyre Size: F: 215/55R17R: 215/55R17

BS / DUN / EXNOVA / GY / FS / L / ZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.A. 29/10/24Survey held at TL PerfectDes. 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: _____

LS \$5950, 6 days (Red \$9659.68, 62%)

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

MV: _____

PV: _____

Nett: _____

247C

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 61) 23/12 Typist☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee: _____

2) _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

3 + RS. \$1 _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Insp (\$ _____)

Others _____

Report Form: TP

Report Form / R.P. / C.