

CS/INC24100529/Aqh3

ASSIGNMENT

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

(Policy Condition)

N/S	O/S

Remark: Tlrah 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: SMY7306L Yr Regn: 2016 August
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish. C.D. 1798

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

Sp. Reading: 172045 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDG620W 40J004847

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO (YOKO) or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 30/10/24

Survey held at

HD Perfect. Changed to Auto United

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

LS \$5200, 6 days (Red \$10401.80, 67%)

COE Expiry :

Estimate given during : Yes ()

1st Survey : No ()

MV :

PV :

Nett :

501C

Date/Time, File Pass to?

☐

: Preli. Report

1) 17/02 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

Report Form:

TP