

REF:

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / ~~TP~~ / TP RES / CD RES / EVA / INV / MV

To In _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remark: Vehicle 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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time _____ Action / Instruction _____

TP Liberty

COE Expiry: _____

Estimate given during: Yes ()

1st Survey: No ()

MV: 43K

PV: 9.3K

Nett: 33.7K

7886

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to? _____

2) _____

Report Forwarded: _____

Report Forwarded: _____

Veh No: 6B66594C Yr Regn: 2017 Sept.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Wake: Toyota Dyna C.C. 2982

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

Sp. Reading: 325722 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDY2318028928

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 175/75R15

R: 155R13

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 04/11/24

Survey held at Leeny

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.
