

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle NO: _____at Work _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remark: Tareh 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

Veh No: SNA2938K Yr Regn: 2017/DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 216i GT C.D. 1499Colour: white A/C: Insured / Std / NI / NASp. Reading: 107299 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA2D920005E91357Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/35R19R: 235/35R19

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

TOYO / YOKO or

Falken

Front

Rear

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

D.O.A.

D.O.I.

01/11/24

Survey held at

Elite Auto RestorationDes. 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 :

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: _____

3 + RS. \$1

Photos

Others

Addl Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

Report Format: _____

A. Repair / B. P. / C. _____