

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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)

Remark: There 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: _____ 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: SNM290U Yr Regn: 2023, August

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

Truck / Trailer or

Make: Suzuki Swift C.D. 1197

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

Sp. Reading: 58822 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JSAAZCA3S00599502

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R16

R: 185/55R16

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 05/11/24

Survey held at

HHHB

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

Front O/S

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: _____

Adm Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Photos

Others

Report Form: _____

Report Form: _____