

REF:

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / ~~TP~~ / TP RES / OD 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: The car 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: _____

SLM 7168T

Yr Regn: _____

2017, April

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

Truck / Trailer or

Make: _____

Honda Fit

C.D

1317

Colour: _____

Blue

A/C: Insured / Std / NI / NA

Sp. Reading: _____

120682

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

GK31224506

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: _____

185/65R15

R: _____

185/65R15

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

TOYO / YOKO or

Hankook

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 _____

Hua Meng

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

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: _____

Addl Fee: _____



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Inve (\$ _____)

Photos

Others

Report Form:

Report Form / P.P. / C.C.