

ASSIGNMENT

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

(Policy Condition)

Remark: Tlrah had commenced its repair at the time of inspection.

Bal. or Mstet 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: GBK3983L Yr Regn: 2019 March
 Type: M.Cár / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Hiace C.D. 2982
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 378733 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFJTO2P400001312
 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 R15C
 R: 195 R15C

ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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. 29/10/24
 Survey held at TL Perfect
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP ALG. COE Expiry : 21/03/2025
	Estimate given during : Yes ()
	1st Survey : No ()
	MV : 10K
	PV : 1.8K
	Nett. 8.2K
	634K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + R.S. \$1

Photos

Others

Artel Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Report Form: _____

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.