

ASSIGNMENT

From: _____ Date: _____
 Est: _____
 OD / TP RES / CD RES / EVA / INV / MV
 To in Vehicle NO: _____
 at W/O Time /s _____
 of _____
 Insured: _____
 Policy No: _____
 Claim's 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: SLJ5211E Yr Regn: 2016, Dec
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Nissan Qashqai C.D. 1197

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

Sp. Reading: 363469 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11U1709291

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R17

R: 215/60R17

ES / DUN / EXNOVA / GY / FS / LIZA / MIG / 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.A. 26/11/24

Survey held at

TSL

Des. of Damages: Frt / Rear / O/S / UIC / Rooftop or

The UIC / 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 :

002K

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:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : 3 + RS \$1

Photos

Others

Report Format:

Report Format: _____