

ASSIGNMENT

From: _____ Date: _____

Estn: _____

OD / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client Record)

Make of Vcl: _____

(Policy Condition)

N/S	O/S

Remark: The vcl 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: F3G3386G Yr Regn: 2022, April

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

Truck / Trailer or

Make: Yamaha Nmax C.C. 155

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

Sp. Reading: 63415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH3SG5680NK130541

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/70R13

R: 130/70R13

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. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 12/11/24

Survey held at JEC

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:

0991

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

Photos: _____

Others: _____

Report Format: _____

Report Format: _____