

REF:

ASSIGNMENT

Front: _____ Date: _____

Estimate No: _____

OD / TP / 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)

N/S	O/S

Remark: The vehicle 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: SLX 6864R Yr Regn: 2018 / AprilType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel Hybrid 1496Colour: Black A/C: Insured / Std / NI / NASp. Reading: 289175 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU31267092Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R16R: 215/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.A. 15/11/24

Survey held at

HHHBDes. 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
	<u>TP INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inve (\$)

Report Format:

F. Rep. Form / A. Rep. Form