

REF:

ASSIGNMENT

Front: _____ Date: _____

Estn: _____

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

To in _____ Vehicle NO: _____

at _____

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 Matel 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: SKU3472K Yr Regn: 2015 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz A180 C.C. 1595Colour: White A/C: Insured / Std / NI / NASp. Reading: 132820 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD176042J385007Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17BS / DUN / EXNOVA / GY / FS / LIZA / MIG / DHTSU / 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. 20/11/24Survey held at RyderDes. 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 : 19K</u>
	<u>PV : 13.5K</u>
	<u>Nett : 5.5K</u>
	<u>100E</u>

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Forwarded:

Reported by: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

3 + R.S. \$1

Photos

Others