

REF:

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

OD / TP / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh 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: Smm6160J Yr Regn: 2019 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Suzuki Jimmy C.D. 1460Colour: Green A/C: Insured / Std / NI / NASp. Reading: 83486 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JB74W107230Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/75R15R: 215/75R15

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.I. 20/12/24Survey held at MG Solution

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:

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + R.S. \$1

Photos

Others

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

Report Form: _____

Report Form: _____