

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To In: _____ Vehicle No: _____

at W/O: _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

N/S	O/S

Remark: Tlcrh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: Sku13508 Yr Regn: 2015, June.

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

Truck / Trailer or

Make: Honda Vezel C.D. 1486

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

Sp. Reading: 202776 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11021470

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / DHTSU / 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. 18/11/24.

Survey held at

KT Motors

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 AIG

COE Expiry

Estimate given during : Yes (✓)

1st Survey : No ()

MV : 14K

PV : 7.9K

Nett. 6.1K

0232.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Report Form / R.P. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

B + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)