REF:

ASSIGNMENT

From: Date:
Estm Dist:
OD / ... / TP RES / OD RES / EVA / INV / MV
To in... Vehicle No:
at W... m/s
of
Insured:
Policy No
Claims No
Sum Ins'd: Excess:
(Client's Record)
Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:
IDAC Accident Rport: 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
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SCX8889M Yr Regn: 2021, oct.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Altis C.C 1798
Colour Blue A/C: Insured / Std / NI / NA
Sp.Reading 79638. T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: MR2BZ3BE7000008436.
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: (Inorder) / Jammed / Leaked / Burnt or
Brake: (Inorder) / Jammed / Leaked / Burnt or
Modi: Nil / (S/Rim) / STD A/Rim or
Tyre Size: F: 225/45R17
R: 225/45R17
BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / 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.I.	02/12/24

Survey 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 1st Survey: Yes (✓) No ( )
	MV:
	PV:
	Nett:

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: $ + RS. $
Photos
Others

Report Format: