

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle NO: _____

at _____ km/s

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: 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: _____

N/S	O/S

Vehicle: IN / OUT

Veh No: SNR985Y Yr Regn: 2024, Mny.

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

Truck / Trailer or

Make: Mazda 3 Hybrid C.D. 1496

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

Sp. Reading: 20900 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BP2SAAR1202550

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: 225/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUM /

TOYO / VOKO 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. 29/11/24

Survey held at KT Motorwork

Des. of Damages: Front / 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 :

0872

Date/Time, File Pass to?

☐

: Prel. 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:

S + R.S. \$

Photos

Others

Report Forward:

Report Return A.P.P. / C.A.