

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To In _____ Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vt: _____

(Policy Condition)

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. 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: _____

SNM4000P

Yr Regn: _____

2013 April

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

Truck / Trailer or

Make: _____

Bmw 116i

C.D

1598

Colour: _____

White

A/C:

Insured / Std / NI / NA

Sp. Reading: _____

111377

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WBAIA 12020VV23542

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:

225/40R18

R:

225/40R18

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. _____

05/12/24

Survey held at

KT Motorwerk

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 : 16/04/2028

Estimate given during : Yes (✓)

1st Survey : No ()

MV : 46K

PV : 28.9K

Nett. 17.11C

628 I

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: _____

3 + R.S. \$1

Photos

Others

Report Format: _____

Report Date: _____