REF:

ASSIGNMENT

From: Date:

Estim / Adjust:

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

To in Vehicle No:

at W / Claim/s

of

Insured:

Policy No

Claims No

Sum Ensured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNB9094T Yr Regn: 2021, Sept.

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

Make: Honda Civic c.c 1597

Colour: Grey. A/C: Insured / Std / NI / NA

Sp.Reading: 60447 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650LT000710

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: 215/55R16

R: 215/55R16

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. 19/12/24

Survey held at AKA

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:
	514 I

Date/Time, File Pass to? [ ]: Preli. Report

1) [ ]: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ]: Site Insp ($) $ + RS. $

[ ]: Interview ($) Photos

[ ]: Tech. Inve ($) Others

Report Format: