

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No. _____

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

To in _____ Vehicle No: _____

at V/O _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured _____ Excess: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)

Remark: The veh 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNL30506 Yr Regn: 2003 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Freed Hybrid C.D. 1496Colour: Black A/C: Insured / Std / NI / NASp. Reading: 82177 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB73150771Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/65 R15R: 185/65 R15

BS / DUN / EXNOVA / GY / FS / IZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Ceat

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 19/12/24Survey held at Elite RestorationDes. 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: Yes C /1st Survey: No C /

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:

Photos

Others

Report Format:

Main Report / P.P. / C