

REF:

ASSIGNMENT

From: _____ Date: _____
 Estn: _____
 OD / ~~TP~~ / 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 Vehicle: _____

(Policy Condition)

Remark: There 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: PA6800ZYr Regn: 2019, May.

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

Truck / Trailer or Mini BusMake: Toyota HiaceC.D. 2754Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 132432

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH2011017014Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 26 mmR/Bal. 26 mmL/Bal. 26 mmL/Bal. 26 mm

D.O.A. _____

D.O.I. 23/12/24Survey held at N51Des. 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: 76KPV: 12KNett: 64K813K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

Photos

Others

Report Format: _____

Report Date: _____