REF:

ASSIGNMENT

From: Date:
Estim. Cost:
OD / TP PD / TP RES / OD RES / EVA / INV / MV
To in. Vehicle No:
at W/Shop/m/s
of
Insured:
Policy No
Claims No
Sum Insured: Excess:
(Client's Record)
Make of Veh
(Policy Condition)

N/S	O/S

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

Bal. or Market Value:
IDAC Accident Rport: 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: SLJ18E. Yr Regn: 2021, Dec.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Alphard c.c 2493
Colour: White A/C: Insured / Std / Nil / NA
Sp.Reading: 104886 T/Radio: Insured / Std / Nil / NA
Eng/No:
C/No: AGH309032113.
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: 245/45R18.
R: 245/45R18
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.	24/12/24.

Survey held at NSI
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:

Date/Time, File Pass to? [ ] : Preli. Report
1) [ ] : Final Report
Date/Time, File Return to?
2)
Report Format:

Days Of Repair:
Resurvey No. of Trip:
Addl Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)

Survey Fee:	
Transportation:	
8 + R8 ___ 81	
Photos	
Others	