ASSIGNMENT

From: ____ Date: ____

Estim / Rpt: ____

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

To Insd Vehicle No: ____

at W... m/s ____

of ____

Insured: ____

Policy No: ____

Claims No: ____

Sum Insured: ____ Excess: ____

(Client's Record)

Make of Veh: ____

(Policy Condition)

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

N/S	O/S

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: GP93P Yr Regn: 2019, May

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

Make: Toyota Hiace DX C.C 2754

Colour: White A/C: Insured / Std / NI / NA

Sp.Reading: 169991 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: GDH20120003493

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: 195R15C.

R: 195R15C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ____

Front
R/Bal. 06 mm
L/Bal. 06 mm
D.O.A. ____

Rear
R/Bal. 06 mm
L/Bal. 06 mm
D.O.I. 04/07/24

Survey held at: Chia Auto

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front O/S

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?

1) ____

Date/Time, File Return to?

2) ____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ : Tech. Inv ($ ____)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

Report Format: