Asst: ... REF:

ASSIGNMENT

From: Date:
Estim. Cost:
OD / TP RES / CD RES / EVA / INV / MV
To in. Vehicle No:
at W. m/s
of
Insured:
Policy No.
Claims No.
Sum Ensured: 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
Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBJ6165S. Yr Regn: 2019, June.
Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Dyna. C.C 2982
Colour: White. A/C: Insured / Std / NI / NA
Sp.Reading: 79888 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JTFAT35Y70K213311
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: 195 R15C Toreador.
R: 155R12C Dunlop.
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.	03/07/24.	

Survey held at: Success United.
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? ☐: 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: __S + RS.__ SI
Photos
Others

Report Format: