Assr: Insp: Ref:

ASSIGNMENT

From: Date:

Estim Amt:

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

To Insp Vehicle No:

at WO Bldg/m/s

of

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client Record)

Make of Veh:

(Policy Condition)

Veh No: SML1527Z Yr Regn: 2019, May.

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

Make: Hyundai Avante C.C 1591

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

Sp.Reading 119688 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD841CMKU909519

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: 205/55R16

R: 205/55R16

N/S	O/S

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

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

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:

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	09/07/24

Survey held at Chia Ante

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓) 1st Survey No ( )

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. Inve ($)

Survey Fee:

Transportation: B + RS SI

Photos

Others

Report Format :