

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To In: _____ Vehicle No: _____

at W/O: _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remarks: Tereh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ 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: SMT2169A Yr Regn: 2020, March

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

Truck / Trailer or

Make: Topla Noah Hybrid C.O. 1797

Colour: Silver A/C: Insured / Std / NI / N.A

Sp. Reading: 366097 T/Radio: Insured / Std / NI / N.A

Eng/No: _____

C/No: ZWR800429 371

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Hubilead

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 09/07/24

Survey held at N51

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: Yes ☒ No ☐

1st Survey: Yes ☒ No ☐

MV: _____

PV: _____

Nett: _____

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format: _____

Report Form: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$