REF:

ASSIGNMENT

From: ______ Date: ______

Estimate Cost: ______

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

To Insured 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 Report: ______ 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: SMX 4212Z Yr Regn: 2021, Jan.

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

Make: Toyota Raize c.c 996

Colour: Black. A/C: Insured / Std / NI / NA

Sp.Reading: 23665 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: A200A0039707

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: 195/65R16. R: 195/65R16.

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. 09/07/24

Survey held at NSI.

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: ______

Survey Fee: ______

Transportation: ______

__S + RS. __SI

Photos ______

Others ______

Add Fee: ☐: Site Insp ($ ______)

☐: Interview ($ ______)

☐: Tech. Inve ($ ______)

Report Format: