Assr. by: Ref:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Insp. Vehicle No:

at WO Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Ens Insd: 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. Repair: 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: SMV8265E Yr Regn: 2020/ Oct.

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

Make: Toyota Voxy c.c 1797

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

Sp.Reading 96098 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR8004277754

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: 225/40R18

R: 225/40R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	16/07/24.

Survey held at KT Motorwerk

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
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No ( )

188A

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___ $ + RS ___ $

Photos

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Report Format :

Email Sent to :