

CS/INC24070213/Aqh3

ASSIGNMENT

From: _____ Date: _____
 Estin: _____
 OD / TP RES / OD RES / EVA / INV / MV
 To In: _____ Vehicle No: _____
 at V/O: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vt: _____

(Policy Condition)

N/S	O/S

Remark: The vehicle 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. Repairs: 3 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: GBF802YR Yr Regn: 2017, March.

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

Truck / Trailer or

Make: Toyota Hiace C.D. 2982

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

Sp. Reading: 259315 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH72P x 00216689

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: 195R15C Cordos

R: 195R15C Yoko

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 11/07/24

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
	<u>TP INC</u>
	<u>LS \$3600, 3 days (Red \$5420.48, 60%)</u>
	<u>COE Expiry :</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No (✓)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report

1) 20/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

3 + RS \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Report Form:

TP

Report Form: A.D.P. 1/10