REF: TPAG

ASSIGNMENT

From: Date: 23-11-2017

Estimated Cost:

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

To Inspect Vehicle No: SKB 2000X

at Workshop m/s: Premium

of: 55 Ubi Rd 1

Insured:

Policy No:

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

11am

(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. 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: SKB2000X 1st Regn: 2012 July.

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

Make: Audi A4 c.c: 1984.

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

Sp.Reading: 73511 T.Radio Insured / Std / NI / NA

Eng No:

C.No: WAUZZZ8K4DA071898.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/30R20

R: 245/30R20

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.	23/11/17

Survey held at: Premium.

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
	TPAG.

Date/Time File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

2)

Report Format :

Lump Sum / I.B I: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insc I$ ☐ Interview I$ ☐ Tech Insp I$ ☐ Weekend I$

Survey Fee

Transportation

Parking

Other

TOTAL