

ASS. BY: REP:

ASSIGNMENT

From: _____ Date: _____
 Estin Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop / 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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP 7421 X Yr Regn: 2017, June
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Wish. C.C. 1798
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 88569. T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDG620W 70J00 7337
 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: 195/65R15
 R: 195/65R15

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A.	D.O.I. <u>08/05/23</u>

Survey held at

HD Perfect

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC.</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>
	<u>799C</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

Photos

Others

Report Formed: _____

Report Formed: _____