

Ass. By: REP:

ASSIGNMENT

Front: _____ Date: _____
 Estin Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To In ~~Set~~ 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: SLN2351H Yr Regn: 2017 / April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mazda 3 C.C. 1496
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 89087 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BN22A8H0151557
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/45R17
 R: 225/45R17

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. 19/06/23
 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

TP INC

COE Expiry

Estimate given during: Yes (✓)
 1st Survey: No (✓)

MV:

PV:

Nett:

038N.

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: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Photos

Others

Report Format:

1. PROPER FORM / REPORT