ASSIGNMENT

ABS. REC. BY: _____ REP: _____

From: _____ **Date:** _____

Estimated Cost: _____

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

To Insured 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.

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

Date: _____ **Person Contacted:** _____

Vehicle: IN / OUT

Veh No: GB2597TL· **Yr Regn:** 2021 / Nov

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

Make: Toyota Hiace **c.c** 1998

Colour Silves. **A/C:** Insured / Std / NI / NA

Sp.Reading 38874 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: TRH2005046·132.

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: 195/80R15
R: 195/80R15

	N/S	O/S

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. 19/07/23	

Survey held at Twin Cor.

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 111	COE Expiry :	
		Estimate given during : Yes (✓)	
	MV :	1st Survey . No ( )	
	PV :		
	Nett :		
		472R.	

Date/Time, File Pass to? [ ] : Preli. Report
1) _____ [ ] : Final Report

Date/Time, File Return to?
2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [ ] : Site Insp ($ _____)
[ ] : Interview ($ _____)
[ ] : Tech. Inve ($ _____)

Survey Fee: _____
Transportation: _____
S + RS. ___ SI
Photos
Others

Report Format : _____
Enquiry Form / L.R. I.R.