REF: CS/INC24080211/Aqh3

Assd. by:

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at WO Workshop/s

of

Insured:

Policy No.

Claim's No.

Sum Ins Insd: 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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: SJV4316D. Yr Regn: 2010 / Jan.

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

Make: Toyota Wish C.C 1987

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

Sp.Reading 236765. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGJ20W905001999

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : 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.	26/08/24.

Survey held at MG Solution

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 INC COE Expiry : 31/08/2029.
	LS $5500, 6 days (Red $5777.90, 51%)
	Estimate given during : Yes (✓) 1st Survey / No ( )
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report

1) 20/01 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: ___$ + RS.___$

Photos

Others