

REF: CS/INQ4080448/Agh3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estim:  Post  
OD /  PHS / TP RES / OD RES / EVA / INV / MV  
To in \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
at \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repair: \_\_\_\_\_ 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: SNR657U Yr Regn: 2024, May  
Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota Noah Hybrid C.D. 1797  
Colour: White A/C: Insured / Std / NI / NA  
Sp. Reading: 10031 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: ZWR900160518  
Gen. Cond:  Good / Fair / Poor / Burnt  
Steering:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil /  SRim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 205/55R17  
R: 205/55R17

BS / DUN / EXNOVA / GY / FS / IZA / 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. 27/08/24

Survey held at HD Reflect  
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
	<u>TP INC</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey</u>
	<u>MV : Yes (✓)</u>
	<u>PV : No ( )</u>
	<u>Nett :</u>

1308

Date/Time, File Pass to?  Preli. Report  
1)  Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:	_____
3 + RS. SI	_____
Photos	_____
Others	_____

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

Report Format: \_\_\_\_\_  
A. REGIN 204116 / L.P.P. 100