

ASS. REC. BY: Marcus

REF:

CS/7P24080460/U9p3

ETHOZ AUTO LEASING LTD

ASSIGNMENT

C444h

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PD126K

at Workshop m/s Ethos

of _____

Insured: JPP249

Policy No. _____

Claims No. _____

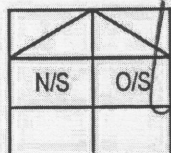
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$1086.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C943G

Vehicle: IN / OUT

Date: _____ Person Contacted: LTA833402

Veh No: PD126K Yr Regn: 31/03/22

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

Truck / Trailer or CA / high roof commuter

Make: Toyota hiace c.c. 2982

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 136538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFST22P600040547

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: 195-1215

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 18/8/24

Survey held at _____

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 27/8/24

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

O/S PL. 10/5 Body

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

Date / Time	Action / Instruction
11/10/24	Relaysic case 1/5 @ 5000 in hand shock (Red @ 223.50, 31%)

Date/Time, File Pass to?

1) 11/10/24

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

150+50

50

50

101

80

481

Report Format: 7P

Lump Sum / I.B.A.: (\$ 5000)