

ASS. REC. BY: Steve

REF: CS/AWA24090097/Eqp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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.

X	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3 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: SMS767S Yr Regn: 20 Mar 2020

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

Truck / Trailer or _____

Make: TOYOTA CAMRY HYBRID c.c 2487

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

Sp. Reading: 40271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNB23HK203052055

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: 225/45ZR18

R: " " " " " "

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 02/09/24 D.O.I. 06/09/24

Survey held at Yew Tee

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

Front RH

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

Date / Time	Action / Instruction
	MV - \$115k
	Steve finalised LS \$1000, 3 days (Red \$1318.75, 57%)

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

1) 08/10 Typist Date/Time, File Return to?

2) _____

Rep. Format: TP Lump Sum (L.S.) 1000

Days Of Repair: 3 Resurvey No. of Trip: 1

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

Survey Fee:	_____
Transportation:	_____
S + RS	SI
Photos	_____
Others	_____
TOTAL	_____