REF: CS/INC24090189/Aqh3

ASS. BY:

ASSIGNMENT

From: Date:

Estim. cost:

OD / TPFTS / TP RES / CD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/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.

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: SNJ3176M Yr Regn: 2020, Nov

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

Make: Toyota Noah Hybrid c.c 1797

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

Sp.Reading 108810 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR8004324774

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: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	96 mm	R/Bal.	96 mm
L/Bal.	96 mm	L/Bal.	96 mm
D.O.A.		D.O.I.	11/09/24

Survey held at JL Perfect

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
	LS $6200, 6 days (Red $10339.46, 63%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓) / No ( )

1st Survey

@18G

Date/Time, File Pass to? 1) 06/12 Typist

[ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation: ___ S + RS ___ SI

Photos

Others

Report Format : TP