REF:

ASSIGNMENT

From: ______ Date: ______	Veh No: SMRS1D Yr Regn: 2020, Jan.
Estim / Cost: ______	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______
OD / TPPD / TP RES / OD RES / EVA / INV / MV	
To in Vehicle No: ______	Make: Toyota Vellfire C.C 2493
at W/Sh / Firm/s ______	Colour: Black A/C: Insured / Std / Nil / NA
of ______	Sp.Reading: 86510 T/Radio: Insured / Std / Nil / NA
Insured: ______	Eng/No: ______
Policy No: ______	C/No: AGH30019 4000
Claims No: ______	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: ______ Excess: ______	Steering: Inorder / Jammed / Leaked / Burnt or ______
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or ______
Make of Veh: ______	Modi: Nil / S/Rim / STD A/Rim or ______
	Tyre Size: F: 235/50R18
(Policy Condition)	R: 235/50R18
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______
Bal. or Market Value: ______	Front / Rear
IDAC Accident Report: ______ Consistent? : Yes or No	R/Bal. 06 mm — R/Bal. 06 mm
GIA / PR Seen: ______ Consistent? : Yes or No	L/Bal. 06 mm — L/Bal. 06 mm
Est. Repairs: ______ days Res.: Yes or No	D.O.A. ______ D.O.I. 18/09/24
Lum Sum: ______ % 3 Val.: Yes or No	Survey held at: Twin Car
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or ______
Vehicle: IN / OUT	
Date: ______ Person Contacted: ______	The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time	Action / Instruction
	TP INC COE Expiry :
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV :
	PV :
	Nett :

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

1) ______

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

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

Survey Fee: ______
Transportation: ______ $ + RS. ____ $I
Photos ______
Others ______

Report Format: ______