REF:

ASSIGNMENT

From: Date:
Estm Cost:
OD / TP CLAIMS / TP RES / OD RES / EVA / INV / MV
To in vehicle No:
at W/S:
of
Insured:
Policy No
Claims No
Sum Insured: Excess:
(Client Record)
Make of Veh:
(Policy Condition)

Veh No: SGX8211Z Yr Regn: 2018 Jan.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Wish c.c. 1798
Colour: Grey A/C: Insured / Std / NI / NA
Sp.Reading: 133495 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: JTDGG20W40J008574
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

N/S	O/S

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 Westlake

Bal. or Market Value:
IDAC Accident Report: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT
Date: Person Contacted:

Front Rear
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. D.O.I. 24/09/24
Survey held at KT Motorwork
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 1st Cap. COE Expiry :
	Estimate given during Yes (✓)
	MV : 62K 1st Survey No ( )
	PV : 28.5K
	Nett : 33.5K
	930J.

Date/Time, File Pass to? [ ]: Preli. Report Days Of Repair:
1) [ ]: Final Report Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to? Transportation:
2) Add Fee: [ ]: Site Insp ($) __S+RS.__S
[ ]: Interview ($) Photos
Report Format: [ ]: Tech. Inve ($) Others