Assr: Ref:

ASSIGNMENT

From: Date:

Estm Cost:

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

To insp Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Ensured: 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: 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: SJK9256T Yr Regn: 2008, NOV

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

Make: Toyota Noah c.c 1986

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

Sp.Reading 318557 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZRR70W147008

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: 215/50R17

R: 215/50R17

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

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 JL Perfect

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

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

Date / Time	Action / Instruction
	TP INC.
	MV :
	PV :
	Nett :

COE Expiry : 09/11/2028.

Estimate given during : Yes ( )
1st Survey : No ( )

470Z

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: S + RS. SI

Photos

Others

Add Fee: Site Insp ($)

Interview ($)

Tech. Inve ($)