Assg. By: REF: CS/INC24090475/Aqh3

ASSIGNMENT

From: Date:

Estimate Amount:

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

To inspect Vehicle No:

at WO Workshop/s

of

Insured:

Policy No.

Claim's No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: PD1156S. Yr Regn: 2023 July.

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

Make: Toyota Hiace Commuter GL C.C 2754

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

Sp.Reading: 124207 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH223200524 9

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15C R: 195R15C

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	26/09/24

Survey held at HD 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 $4900, 5 days (Red $8299.05, 63%)
	MV :
	PV :
	Nett :

COE Expiry :

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

498C

Date/Time, File Pass to? 1) 23/12 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation: 3 + RS 8

Photos

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Report Format : TP

Remarks / Ref. No.