ASS. / BY: REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To inspect Vehicle No:

at Workshop m/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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SNS7535L Yr Regn: 2010, June

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

Make: Porsche Panamesa S c.c 4806

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

Sp.Reading 136430 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WP0ZZZ97ZAL045824

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: 295/35R20

R: 295/35R20

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 15/10/24.

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
	COE Expiry : 30/11/2029.
	Estimate given during 1st Survey : Yes (✓) No ( )
	MV : 88K
	PV : 20.1K
	Nett : 67.9K
	046I.

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Survey Fee:

Transportation:

___S + RS.___ SI

Photos

Others