Asst. Surv: REF: CS/INC24100323/Aqh3

ASSIGNMENT

From: Date:

Estimate/Post:

OD / TPFT / TP RES / CD RES / EVA / INV / MV

To insp Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: WTX4907 Yr Regn: 2010

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

Make: Toyota Avenza c.c. 1495

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

Sp.Reading 191601 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PN2F602M002034258

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: 195/60R15

R: 195/60R15

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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.	18/10/24

Survey held at N51

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 $5000, 7 days (Red $16628.45, 77%)
	MV : RM18K.
	PV : RM 2K
	Nett : RM 16K ≃ 5K

COE Expiry :

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

Date/Time, File Pass to? 1) 20/11 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: ___ @ RS. ___ $

Photos

Others

Report Format : TP