Asst. Sign: REF: CS/AGT24100370/AQP3

ASSIGNMENT

From: Date:

Estimate Cost:

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)

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: 10 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: GBL1377U Yr Regn: 2021 / March.

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

Make: Toyota Hiace C.C 2754

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

Sp.Reading 92545. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH 201201 6798

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: 195R15C

R: 195R15C

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.	22/10/24.

Survey held at A-Tec

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 Budget Diesel
	LS $8500, 10 days (Red $8154.19, 49%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓) / No ( )

1st Survey

118w

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

1) 14/11 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format : TP