

ASS. REC. BY: Steve

REF: CS/TP24100433/Enh3

ASSIGNMENT

Independent survey

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

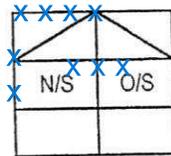
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SGP9061Y Yr Regn: 29 Nov 2016

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

Truck / Trailer or _____

Make: TOYOTA PRIUS C c.c 1497

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

Sp. Reading N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKD3B3401588355

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: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 02/09/24 D.O.I. 25/10/24

Survey held at EURO SUCCESS SERVICES

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

& Interior

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

Table with 2 columns: Date / Time, Action / Instruction. Rows include MV - \$30k, PV - \$14,016.00, NV - \$15,984.00, Total loss - Not economical repair, revised \$21711.25, check items \$4537.5

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

1) [] : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / B.B. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: [] : Site Insp (\$ _____)

[] : Interview (\$ _____)

[] : Tech. Invs (\$ _____)

[] : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL

Empty table with 4 rows and 1 column for recording fees.