Asst: Sign: REF: CS/INC24110216/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To Inspect 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: 9 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGS7354A Yr Regn: 2016 / Dec

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

Make: Toyota Altis c.c 1598

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

Sp.Reading 66975 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053REH 10456426.

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: 205/55R16.

R: 205/55R16

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.	12/11/24.

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 NIL
	LS $7200, 9 days (Red $23479.43, 77%)
	MV : 35K
	PV : 21.3K
	Nett : 13.7K

COE Expiry :

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

904A.

Date/Time File Pass to? 1) 20/02 Typist

Date/Time File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format: TP