Ass. Ref: REF: CS/INC 24110404/Agh3

ASSIGNMENT

From: Date:

Estim Cost:

OD / TPO / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at W/Shop/s

at

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: 6 days Res.: Yes or No

Lum Sum: % 3 Vals: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SKX7065K Yr Regn: 2015, Dec

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

Make: Toyota Vios C.C 1497

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

Sp.Reading 100257. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MHFBT9F34060657 81

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: 195/50R16. R: 195/50R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Champiro -

Front		Rear	
R/Bal.	0% mm	R/Bal.	0% mm
L/Bal.	0% mm	L/Bal.	0% mm
D.O.A.		D.O.I.	20/11/24

Survey held at HHHB

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 $3200, 6 days (Red $2914.75, 48%)
	MV : 19.1K
	PV : 14.1K
	Nett : 4.9K

COE Expiry :

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

1st Survey

Date/Time, File Pass to?

1) 20/03 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: 3 + R8 $1

Photos

Others

Report Format : TP