Asst: Sign: REF:

ASSIGNMENT

From: Date:

Estim Cost:

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

To insp Vehicle No:

at Workshop/s

at

Insured:

Policy No.

Claim s No.

Sum Insured: Excess:

(Client's Record)

Make Of Veh:

(Policy Condition)

Veh No: SNQ5520C Yr Regn: 2024, April

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

Make: Toyota Sienta c.c 1490

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

Sp.Reading 49118 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDBBBA350L001649

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: 185/65R15

R: 185/65R15

N/S	O/S

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

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % S Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Front		Rear	
R/Bal.	0 mm	R/Bal.	0 mm
L/Bal.	0 mm	L/Bal.	0 mm
D.O.A.		D.O.I.	26/4/24

Survey held at NHB.

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/NC
	MV :
	PV :
	Nett :

COE Expiry :

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format :