Asst. Sign: REF:

ASSIGNMENT

From: Date:

Estimate Cost:

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

To inspect Vehicle No:

at W/S / Premises

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNM3240L Yr Regn: 2023 / Sept.

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

Make: Toyota Noah Hybrid c.c 1797

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

Sp.Reading 157404 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR90009732[illegible]

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: 205/60R16

R: 205/60R16

N/S	O/S

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

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

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

	Front		Rear	
R/Bal.	06	mm	R/Bal.	06 mm
L/Bal.	06	mm	L/Bal.	06 mm
D.O.A.			D.O.I.	26/11/24

Survey held at N51

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

Front N/S, Rear N/S, Front Undercarriage

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

Date / Time	Action / Instruction
	TP INC
	MV : 190K
	PV : 113.5K
	Nett: 86.5K

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No ( )

BOSR

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: 3 + RS. SI

Photos

Others

Report Format :