Assg. by: REF: CS/SMR24120222/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 Ensured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SLV2285Z Yr Regn: 2017, Dec

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

Make: Toyota CHR C.C. 1797

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

Sp.Reading 270382 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX10Z076203

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 225/50R18-

R: 225/50R18-

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 Giti

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 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.	16/12/24

Survey held at TSL.

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 SMRT. COE Expiry :
	LS $5500, 6 days (Red $13220.78, 71%)
	Estimate given during : Yes ( )
	1st Survey : No (✓)
	MV : 45K.
	PV : 20.1K
	Nett : 24.9K
	525Z

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

1) 17/07 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Addl Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format: TP