Asst. By: REF:

# ASSIGNMENT

From: Date:

Estimate cost:

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

To Inspect Vehicle No:

at Workshop/s

of

Insured:

Policy No.

Claim's 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: 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: YQ5843R Yr Regn: 2022, Jan.

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

Truck / Trailer or

Make: Toyota Dyna c.c 2755

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

Sp.Reading 53861 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHHAGV4620K001566

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: 195R15C

R: 165R13C

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. | 11/06/24 |

Survey held at Twin Car

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 Chim |
| | MV : |
| | PV : |
| | Nett : |

COE Expiry :

Estimate given during : Yes ( )

: No ( )

1st Survey

Date/Time, File Pass to? 1) : Preli. Report : Final Report

Date/Time, File Return to? 2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($ ) : Interview ($ ) : Tech. Inve ($ )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| $ + RS. SI | |
| Photos | |
| Others | |