REF:

ASSIGNMENT

From: Date:

Estimate Cost:

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

To Insured Vehicle No:

at W[illegible] m/s

of

Insured:

Policy No

Claims No

Sum Insured: Excess:

(Client Record)

Make of Veh

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: 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: SGK6243K 1st Regn: 2006 / August

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

Make: Toyota Vios C.C: 1497

Colour: Grey. A/C: Insured / Std / Nil / NA

Sp.Reading: 233025 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MR053HY4204200006

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: 175/70R14

R: 175/70R14

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.	03/01/25

Survey held at: Elite Auto Restoration

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

Front N/S, U/C

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

Date / Time	Action / Instruction
	TP Sompo (PRS)
	MV : 14K
	PV : 7K
	Nett : 7K

COE Expiry : 30/06/2026.

Estimate given during 1st Survey : Yes ( ) 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: S + R$ S

Photos

Others

Report Format :