

REF: CS/INC24120426/Aqh3

ASSIGNMENT

From: _____ Date: _____
 Estin: ~~Estin~~ _____
 OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV
 To In ~~Vehicle~~ No: _____
 at W ~~Vehicle~~ /s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____
 (Policy Condition)

Veh No: SMC4647M Yr Regn: 2018 June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius Hybrid 1497
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 311927 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKD3B3601614082
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/55R15
 R: 195/55R15

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

N/S	O/S

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

Bal. or Mater Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: 12 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 86 mm R/Bal. 86 mm
 L/Bal. 86 mm L/Bal. 86 mm
 D.O.A. _____ D.O.I. 27/12/24
 Survey held at JL Perfect
 Des. of Damages: FR / Rear O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP INC</u>
	<u>LS \$16300, 12 days (Red \$20941.14, 56%)</u>
	<u>MV: 53K</u>
	<u>PV: 23.9K</u>
	<u>Nett: 29.1K</u>
	<u>598Z.</u>

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

1) 21/03 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Days Of Repair: 12

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS \$

Photos

Others
