ASSG: SUBV: REF:

# ASSIGNMENT

From: Date:

Estim: Estimate:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client Record)

Make of Veh

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

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

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: GBD1588U Yr Regn: 2014, July.

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

Make: Toyota Dyna. c.c 2982

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

Sp.Reading 181437 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y60K203210

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: 195R15C

R: 155R12C Condor

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 27/12/24. |

Survey held at JL Perfect

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 INC |
| | MV : 45K |
| | PV : 31.6K |
| | Nett : 13.4K |

COE Expiry : 06/07/2029

Estimate given during 1st Survey : Yes ( ✓ ) No ( )

787H.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Adtl Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Inve ($ )

Survey Fee:

Transportation: S + RS S

Photos

Others