Ass. by: | Ref:

ASSIGNMENT

From: | Date:

Estm Cost:

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

To Insp Vehicle No:

at W'Shop/s

at

Insured:

Policy No.

Claims No.

Sum Insured | Excess:

(Client's Record)

Make of Veh

(Policy Condition)

Veh No: SNL9173X Yr Regn: 2023, August.

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

Truck / Trailer or

Make: Toyota Noah Hybrid. c.c. 1797

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

Sp.Reading 118711 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR90009929 26

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: 215/55R17.

R: 215/55R17.

N/S	O/S

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

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

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 Veh.: 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.	27/12/24.

Survey held at Posh Autoworkz

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 (PRS)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No ( )

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prelt. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: $ + R8. GI

Photos

Others

Report Format :