REF:

ASSIGNMENT

From: Date:

Estim. Cost:

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

To Ins. Vehicle No:

at W... m/s

of

Insured:

Policy No

Claims No

Sum Ins. Excess:

(Client 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: SMQ3039B. Yr Regn: 2009, Oct

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

Make: Toyota Prius C.C 1797

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

Sp.Reading 239547. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW305017281

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: 225/45R17

R: 225/45R17.

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.	02/07/24

Survey held at MS Cas.

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

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

Date / Time	Action / Instruction
	TP Claim
	MV: 60K
	PV: 19.8K
	Nett: 40.2K

COE Expiry: 4/10/2029.

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

672H.

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

1) [ ]: Final Report

Date/time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inve ($)

Survey Fee:

Transportation: ___S + R$___ $I

Photos

Others

Report Format: