Assr: Ref: CS/INC24070141/Aqh3

ASSIGNMENT

From: Date:

Estim cost:

OD / TPFTS / TP RES / CD RES / EVA / INV / MV

To Inspect Vehicle No:

at W'Shop/s

of

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client's 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: 2 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: SJT257C Yr Regn: 2009 / Sept.

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

Make: Toyota Altis C.C 1598

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

Sp.Reading 180216 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053ZEE106154217

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: 195/65 R15

R: 195/65R15

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.	11/07/24

Survey held at KT Motorwerk

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
	LS $1600, 2 days (Red $7715.95, 83%)
	MV :
	PV :
	Nett :

COE Expiry : 30/04/2029.

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

6152

Date/Time, File Pass to? 1) 20/09 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Report Format : TP

Days Of Repair: 2

Resurvey No. of Trip: 3

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Insp ($)

Survey Fee:
Transportation: ___$ + RS___$
Photos
Others