Assess. By: REF:

ASSIGNMENT

From: Date:

Estimate/Cost:

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

To Inspect Vehicle No:

at Workshop/m/s

of

Insured:

Policy No

Claims 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 Report: 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SNF6294G Yr Regn: 2022, June.

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

Make: Toyota Noah Hybrid c.c 1797

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

Sp.Reading: 142640 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80-0506553

Gen. Cond: Good (circled) / Fair / Poor / Burnt

Steering: Inorder (circled) / Jammed / Leaked / Burnt or

Brake: Inorder (circled) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim (circled) / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

Front: R/Bal. 06 mm L/Bal. 06 mm

Rear: R/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 10/07/24.

Survey held at: Automobile Hub

Des. of Damages: Frt / Rear / O/S (circled) / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	1P 1st Cap
	COE Expiry: ✓
	Estimate given during 1st Survey: Yes ( ) No (✓)
	MV: 175K
	PV: 97.1K
	Nett: 77.9K
	9306

Date/Time, File Pass to?

1)

Date/time, File Return to?

2)

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Addl Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

Report Format: