Assr. by: REF:

ASSIGNMENT

From: Date:

Estim cost:

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

To Inspect Vehicle No:

at WO / Wkshop / s

of

Insured:

Policy No

Claims No

Sum Insured: 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SGA5333T Yr Regn: 2010, Oct

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

Make: Toyota VellFire c.c 2362

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

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

Eng/No:

C/No: ANH20133265

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: 255/35R19

R: 255/35R19.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	12/07/24.

Survey held at Auto United

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

Rear O/S, U/C, Front N/S.

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

Date / Time	Action / Instruction
	TP INC.
	MV : 95K
	PV : 21.8K
	Nett : 73.2K

COE Expiry : 30/09/2030.

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Report Format :

Survey Fee:

Transportation: __$ + R$__ $

Photos

Others