REF:

Asst. By:

ASSIGNMENT

From: Date:

Estim Cost:

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

To In Vehicle No:

at W m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

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: GBJ492L. Yr Regn: 2018, Dec.

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

Make: Toyota Hiace C.C 2982

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

Sp.Reading 122621 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P500245758

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: 195R15C

R: 195R15C

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. 22/07/24.

Survey held at Hock Motor

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

Rear O/S.

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

Date / Time	Action / Instruction
	TP Sompo PRS. COE Expiry ✓
	Estimate given during 1st Survey ✓ : Yes ( ) : No (✓)
	MV : 62K
	PV : 11.2K
	Nett : 50.8K

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

1)

Date/Time, File Return to?

2)

Report Format :

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

$ + RS. $

Photos

Others