ASS. BY: REF: CS/INC24070342/Aqh3

ASSIGNMENT

From: Date:

Estim Cost:

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

To in Vehicle No:

at Workshop/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: 5 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: SMM 3525K Yr Regn: 2019 June

Type: M.Car / 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 99828 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80038502 9

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: 215/50R17.

R: 215/50R17

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.	23/07/24

Survey held at N51

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 $3700, 5 days (Red $12800.18, 78%)
	MV :
	PV :
	Nett :

COE Expiry :

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

Date/Time, File Pass to?
1) 17/10 Typist

Date/Time, File Return to?
2)

[ ] : Preli. Report
[ ] : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)

Survey Fee:
Transportation: $ + RS: SI
Photos
Others

Report Format : TP