Ass. By: REF: CS/INC 24080023/AQL3

ASSIGNMENT

From: Date:

Estimate Cost:

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

To Inspect Vehicle No:

at Workshop/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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SNQ295K Yr Regn: 2017, Feb.

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

Make: Toyota Vellfire c.c 2493

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

Sp.Reading 136585 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: AGH30005688

Gen. Condn: 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: 235/55R18

R: 235/55R18

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	17/08/24

Survey held at JEC

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 INC
	LS $4300, 4 days (Red $16200.80, 79%)
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes ( )

1st Survey : No (✓)

668C

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

1) 02/10 Typist

Date/Time, File Return to?

2)

Report Format : TP

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation: $ + RS: SI

Photos

Others