Assr: Survr: REF:

ASSIGNMENT

From: Date:

Estm: Estimate:

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

To Insp Vehicle No:

at WO Workshop/s

of

Insured:

Policy No

Claim's No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SGW8977A Yr Regn: 2007 / August

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

Make: Toyota Vios C.C: 1497

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

Sp.Reading: 238875 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305023220

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: 185/65R15

R: 185/65R15

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:

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/07/24

Survey held at One Garage

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
	MV : 331K
	PV : 13.7K
	Nett : 19.3K

COE Expiry : 01/08/2027

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

5080.

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 ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

Report Format: