

CS/INC24080024/Aqh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

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

To In Vehicle No: _____

at W 0 m/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.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repair: 10 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

N/S	O/S

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/D 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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15

R: 185/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habiband

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/S / Rooftop or

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

Date / Time Action / Instruction

TP INC

LS \$6800, 10 days (Red \$5704.85, 46%)

MV: 33K

PV: 13.7K

Nett: 19.3K

COE Expiry: 01/08/2027

Estimate given during: Yes ()

1st Survey: No (✓)

5080

Date/Time, File Pass to?

☐

: Preli. Report

1) 21/10 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 10

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Survey Fee:

Transportation:

3 + RS \$

Photos

Others

Report Format: TP

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