Ass. by: REF:

ASSIGNMENT

From: Date:

Estm Cost:

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

To Insp Vehicle No:

at W/Shop/s

of

Insured:

Policy No

Claim's No.

Sum Ens Insd: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Veh No: SNA6513B Yr Regn: 2021 / July.

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 174436 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80049936

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: 195/60R15

R: 195/60R15

N/S	O/S

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

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

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:

	Front		Rear	
R/Bal.	06	mm	R/Bal.	06 mm
L/Bal.	06	mm	L/Bal.	06 mm
D.O.A.			D.O.I.	30/07/24

Survey held at Xihltua

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
	TPAIG.
	MV :
	PV :
	Nett :

COE Expiry :

Estimate given during : Yes (✓)

1st Survey : No ( )

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair:

Resurvey No. of Trip:

Addl Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Miscellaneous ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others