REF:

ASSIGNMENT

From: ______ Date: ______

Estim. Cost: ______

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

To Ins. Vehicle No: ______

at W/S: ______

of ______

Insured: ______

Policy No: ______

Claims No: ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

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: ______

Veh No: SMC7085P Yr Regn: 2018, July.

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

Make: Toyota Prius Hybrid c.c 1797

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

Sp.Reading: 308011 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: ZVW506129796.

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

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

Front		Rear	
R/Bal. 06 mm		R/Bal. 06 mm	
L/Bal. 06 mm		L/Bal. 06 mm	

D.O.A. ______ D.O.I. 06/08/24.

Survey held at: JL Perfect

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 COE Expiry :
	Estimate given during : Yes (✓)
	MV : 1st Survey : No ( )
	PV :
	Nett :
	555D

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

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Report Format:

Days Of Repair: ______

Resurvey No. of Trip: ______

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

Survey Fee:

Transportation: __S + R.S.__ SI

Photos

Others