REF: CS/INC24080075/Aqh3

ASSIGNMENT

From: Date:
Estim. Cost:
OD / TP CS / TP RES / OD RES / EVA / INV / MV
To Ins. Vehicle No:
at W/S m/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: 6 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 R/Bal. 06 mm L/Bal. 06 mm
Rear R/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 : ✓
	LS $7000, 6 days (Red $14369.45, 67%)
	Estimate given during : Yes (✓)
	MV : 1st Survey : No ( )
	PV : ✓
	Nett :
	555D

Date/Time, File Pass to? [ ]: Preli. Report
1) 21/10 Typist [ ]: Final Report
Date/Time, File Return to?
2)

Days Of Repair: 6
Resurvey No. of Trip: 3

Add Fee: [ ]: Site Insp ($)
[ ]: Interview ($)
[ ]: Tech. Inve ($)

Survey Fee:
Transportation: S + RS. SI
Photos
Others

Report Format: TP