INV / J/C : REF: III

ASSIGNMENT

From: Date: 23.11.2017

Estimated Cost:

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

To Inspect Vehicle No: SLS 4728R

at Workshop / s: Pegasus

of: 51 Defu Lane 10

Insured:

Policy No:

Claims No:

Sum Insured: Excess

(Client's Record)

Make of Veh:

after 9:30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

G/A / PP Seen: Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLS 4728R Page: 9 17

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

Make: Toyota prius cc: 1798

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

Sp Reading: 18608 T Rad: Insured / Std / NI / NA

Eng No:

C/No: JTDKB3FU903577161

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: 195/65R15

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D/O/A: 13/11/17 D/O/I: 23/11/17

Survey held at:

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

LL.

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

Date / Time	Action / Instruction
23/11/17	Continued first Rg @ 300 with MR Tan.

Date/Time File Pass to: : Preli. Report : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time File Return to:

Add Fee: Site Insp $ Interpreter $ Tech Fee $ Telephone $

Survey Fee

Transportation

Parking

Tolls

Receipt Format:

Lump Sum / I.B.I. :