Ref: REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(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

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLA 29X Reg: 2016 Jan

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

Make: Toyota Vellfire CC: 2493

Colour: Black A/C: Insured / Std / Nil / NA

Sp Reading: 152188 T Radio: Insured / Std / Nil / NA

Eng No: 2AR1302037

C No: AGH30002220 5

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / Sport / STD A/Rim or

Tyre Size: F: 235/50 R18

R: —"—

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

Front		Rear	
R.Bal.	5 mm	R.Bal.	5 mm
L.Bal.	5 mm	L.Bal.	5 mm

D.O.A. 13/12/2017 D.O.I. 09/01/2018

Survey held at Teamwork Paya Ubi

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

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

Date / Time	Action / Instruction
	TTI SHD 4961 J

Date/Time File Pass to?

: Preli. Report

: Final Report

Date/Time File Return to?

Report Format :

Lump Sum / I.B.I: $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp $ Interview $ Tech Invs $ Weekend $

Survey Fee

Transportation

Photo

Other

Total