(08/11/13) wef
ASS. REC. BY: Marcus

REF: AW

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SJM7697
at Workshop m/s Hock Woh
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: 1.3-1 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS 24A24989
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SJM7697G Yr Regn: 1/99
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA
Make: Toyota Allion c.c 1496
Colour Black A/C: Insured / Std / NI / NA
Sp.Reading 240437 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: NZT260 3034217
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: 185/70R14
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	18/1/19	D.O.I.	10/6/19

Survey held at
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/6/19	Confirmed final by #600 with Anysis.

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?
2)

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Invs ($)
☐ : Weekend ($)

Survey Fee:
Transportation: __S + RS, __SI
Photos
Others
TOTAL

Report Format :
Lump Sum / I.B.I: ($)