

(09/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP19021479/Uyfa

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

SLW3294K

a Workshop m/s

Injurer

or

Insured:

Policy No.

Claims No.

Sum Insured:

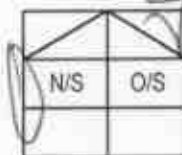
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

85

IDAC Accident Rpt:

Consistent? : Yes or No

CA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLW3294K

Yr Regn:

2118

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Wish

cc 1798

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

33119

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDAG20WX2J009234

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

29/12/19

D.O.I.

5/12/19

Survey held at

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

O/S R, N/S Body

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

Date / Time

Action / Instruction

LTA 4988
cancel ..

Cable 9/1/2020

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$))