ASS. REC. BY: | 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: 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: GBJ964S. Yr Regn: 2019 Jan.

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

Make: Toyota Dyna c.c 2982

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 48392 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y70K212238

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 R15C Yoko.

R: 155 R12C. Venmax

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm
D.O.A.			D.O.I.	07/04/20	

Survey held at Heng kee.

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

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

Date / Time	Action / Instruction
	TP EQ.
	MV :
	PV :
	Nett :

284E

Date/Time, File Pass to? ☐ : Preli. Report

1) 29/04 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation: __S + RS__SI

Photos

Others:

Report Format : TP

Lump Sum ~~[illegible]~~ : 4100