

NS/20008593/T1vf3

ASS. REC BY: Taughlin

REF:

INC.

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: SMN 6514SPolicy No. 5112071196Claims No. MT/1100599-001

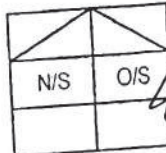
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lin KE

Vehicle: IN / OUT

Veh No: SHD3608L

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

Truck / Trailer or

Make: Toyota PlusColour: BlueSp. Reading: 426922Eng/No: JTDKB3FU X03504752

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 4

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/8/20Survey held at Compass Road byDes. of Damages: Frt / Rear / O/S / N/S / U/C / Roodtop or o/s Rear

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 14/8/20

Date / Time Action / Instruction

24/8/20 LS \$1100 confirmed by email (Red 501.75, 31%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 26/8/20-Typist

Per: TPTotal Cost / Fee: LS \$1100
☐ : Preli. Report
☐ : Final Report
Days Of Repair: 2Resurvey No. of Trip: 1
Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)
☐ Others (\$)
☐ Others (\$)

Survey Fee:

Transportation

S + PS \$

Photos

Others

TOTAL