

ASS. REC. BY:

REF:

TP/

Kennerth

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OO RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

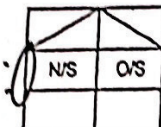
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or NoLump Sum: 1.13.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S11D 9780G Yr Regn: 07. 20Type: M. Car / M. Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour MP. White / Red A/C: Insured / Std / NI / NASp. Reading 84.47 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB33F4 203091205Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 7/8/20

Survey held at

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 18/8/2020

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

N/S body

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

Date / Time

Action / Instruction

83223.18

\$3,223.18 (before GST) 3days
(Red: 3156.42; 49%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - R.S. SI

Fees

Others

TOTAL

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

Report Format :

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

145

50

50

16

80

341