(08/11/13) wef

ASS. REC. BY: Marcus

REF: CCG/FC120013013/Ura3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJY5169P

at Workshop m/s Falcon Air Tanyan

of

Insured: SH 9737G

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $27

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 6 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJY5169P Yr Regn: 26/3/10

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

Make: Toyota Prius c.c 1797

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 377169 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: ZVW30 5123371

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	23/11/20	D.O.I.	25/11/20

Survey held at

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

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

Date / Time	Action / Instruction
	have video LTA $15346
	Loe 25-3-2025
	Nett $11654

7/12/20 L/s $9000 Confirmed with Joel

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: ($)