Gd. ~~TMT~~ INC

ASSIGNMENT

Date:

Estimated Cost

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

Inspect Vehicle No.

Workshop m/s Comfort Loyang

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

Total or Market Value:

DAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs 3 days Res.: Yes or No

Sum Sum: 20 % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted

Vehicle: SHC 334B 1st Regn 09 Jan 2019

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

Make Toyota Prius cc 1798

Colour yellow A/C: Insured / Std / NI / NA

Sp Reading 296647 T/Radio: Insured / Std / NI / NA

Eng/No

C/No: JTDKB3FU70·3078191

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inoder / Jammed / Leaked / Burnt or

Brake: Inoder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal	6	mm	L/Bal	6	mm
D.O.A			D.O.I.	10-02-21	

Survey held at W/S 4:20pm

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

Date/Time. File Pass to:

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time. File Return to:

Add Fee: Site Insp ($

Interview ($

Survey Fee:

Transportation