ASSIGNED BY: GQ | REF: NS/INC21008145/Guc

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SHD 6321T

at Workshop m/s

of

Insured: SJL 2441R

Policy No.

Claims No. MT/1139476- 002

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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: SHD6321T Yr Regn: 05 Oct/2015

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

Make: TOYOTA PRIUS c.c 1798

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

Sp.Reading: 353515 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKN36U405766094 *

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: 195/65R15

R: 195/65R15

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.			D.O.I.	02-08-2021	

Survey held at W/S 11:15

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
	Confirmed L/S $1100, 2 repair days.
	(RED $1745.68; 61%)

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

1) 29/10 TYPIST [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) ___S + RS.___SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others:

[ ] : Weekend ($)

TOTAL

Report Format: TP

Lump Sum / ~~RED~~: $1100