

REF: CS/TP22001229/Aqy3

WOL

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: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SFM8797S, Yr Regn: 2009, Dec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1798
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 395808 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN36430117068
 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

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

| | |
|-----|-----|
| N/S | O/S |
| | |

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Firenza
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. 31/02 D.O.I. 09/02/22
 Survey held at SR
 Des. of Damages: Fr Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-----------------|---|
| | <u>TP Check</u> COE Expiry: 17/12/24 |
| 11/02/22@4.19pm | Informed Pauline Tham, we are pending for estimate from repairer. |
| 22/04/22@5.25pm | revised to Pauline Tham by email. |
| | MV: 24K. (Depreciation @ 8.5k x 2.8 yr = 24K). |
| | PV: 11.3K |
| | Nett: 12.7K. |
| | LS \$6100, 8 days. (Red \$29084.90, 83%) |

Date/Time, File Pass to? : Preli. Report
 1) 26/04 Typist : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Format: TP
 Days Of Repair: 8
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$) : Weathered (\$)
 Survey Fee: 3794170
 Transportation: 50
 3 - PS - SI 50
 Photos 91
 Others 80
29 x 15 = 379
816
 Lum Sum / Fee: 6100