ASSIGNED BY: GQ | REF: HLA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s MY CAR CONSULTANT

of

Insured:

Policy No.

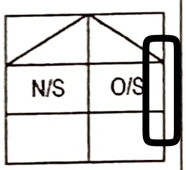
Claims No.

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: $144k

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: SNA2411M Yr Regn: 14 Jun 2021

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: 75910 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU203093200

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: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	27-04-2022

Survey held at W/S 4:30PM

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

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 / [illegible]