

Ass. Fed. BY:

REP:

CS/GRB22006640/Aqy3

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: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SJS645X

Yr Regn:

2009 July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Estima.

C.C

2362

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

230938

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR500092175

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/40R19.

R:

245/40R19.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Habibead.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

13/07/22

Survey held at

2020 Spry Paritly

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

TP III

COE Expiry: 27/07/29.

LS \$7800, 7 days. (Red \$11929.40, 60%)

MV:

PV:

Nett:

082E

Date/Time, File Pass to?



Prel. Report



Final Report

1) 30/08 Typist

Date/Time, File Return to?

2)

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Report Format:

MER-TP