

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

20710K.

Vehicle: IN / OUT

Date / Time Action / Instruction

LTA # 4658

MTC LTAGery Coenul 21-01-2024

NHT # 7342

After repair 1-8-22

10/8/22

L/S # 6600

informed Kerry

(red 3848.55, 36%)

Veh No: SJM 9838D Yr Regn: 22/01/09Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

(A/

Make:

Toyota mark x250Gc 2499

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

150767

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GRX1203067814

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55ZR17

R:

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

TOYO / YOKO or

Kumho

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/07/22

D.O.I.

26/7/22

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Prl.

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 10/8/22-typist

Report Format : TP

Lump Sum / L.B. (\$6600)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

)

TOTAL

170

50

50 + 50

99

80

499