(08/11/13) wef

ASS. REC. BY: [signature]

REF: CS/LIP22011009/Rqy3

ASSIGNMENT

COE - 2024/NOV

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GY1275C Yr Regn: 2005 / JAN

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

Make: TOYOTA DYNA 1500 c.c 2982

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

Sp.Reading 938924 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFUF34410301 0026

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185R14C

R: 155R12C

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	5/5 mm
L/Bal.	7 mm	L/Bal.	5/5 mm
D.O.A.	22/06/22	D.O.I.	14/11/22

Survey held at HIAP LEK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or FRT RH & REAR

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: 10

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL