

(08/11/13)

ASS. REC. BY:

REF

C93/CT1 22011762/G9p3

ASSIGNMENT

COE Expiry: 18/4/2020

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: 3 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: SJW 7945M Yr Regn: 19/04/2010

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

Truck / Trailer or

Make: TOYOTA WISH c.c. 1987Colour: SILVER A/C: Insured / Std / NI / NASp. Reading: 146009 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGJ20W905.002554Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40 R18R: u

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. _____ D.O.I. 24/11/22

Survey held at

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

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

Date / Time	Action / Instruction
	COR range: \$1500 - \$2000.

Date/Time, File Pass to?

1) 09/3/2024

Date/Time, File Return to?

2) _____

☐ : Prell. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: MER-PRS

Lump Sum / I.B.I. (\$) _____