

ASS. REC BY: Touffin

REF: CS3/11123000377/Twys

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / 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: \$ 68k
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lump Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT



Veh No: EW39935 Yr Regn: 2008 Aug
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Estima C.O. 2362
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 265105 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ACR506075012
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/55 R17
R: 215/55 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 11/1/23 @ 4:5pm
Survey held at Toh Painting
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
23/03/2023	Submit L/S \$4,300.00 @ 05 days (Red \$2,500.00/37%)

Date/Time, File Pass to?
23/03/2023
1) TYPIST
Date/Time, File Return to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 5
Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS. SI. _____
Photos _____
Others _____

Report Format: Paper Survey
Lump Sum / L/S: \$4,300.00