Port:

ASS. REC. BY:

REF:

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: TTI

Policy No. _____

Claim 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: $ 72

IDAC Accident Rport: _____ Consistent ? : Yes or No

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

Est. Repairs: 5 days Rear: Yes or No

Lump Sum: 20 % 3 Veh: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV 4336C Yr Regn: 30/DU 2017

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

Make: Subaru Forester c.c 1498

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

Sp.Reading 105763 Y/Reading: Insured / Std / NI / NA

Eng No: —

C/No: JF1SJSKCSJG100772

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225 / 60R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / YOYO / YOKO or _____

	Front	Rear
R/Bal.	6 mm	6 mm
L/Bal.	6 mm	6 mm

D.O.A. 6/3/23 D.O.I 27/3/23 4:30

Survey held at Vin's Auto

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
	1850#

Balance: 56.8m
yearly: 14k
mv: 72k
NV: 37k

6660

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Profl. Report

☐ : Final Report

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
S + R:	SI
Photos	
Others	
TOTAL	