

REP: CS/INC23004588/Any3

ASSIGNMENT

From: _____ Date: _____
 Estin Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLP 7421 X Yr Regn: 2017, June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Wish c.c. 1798
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 88569 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDG620W 70J007337
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 195/65R15

(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: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

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

Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 08/05/23

Survey held at

HD Perfect

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

Front N/S

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	<u>TP INC</u>
	COE Expiry :
	Estimate given during : Yes <input checked="" type="checkbox"/>
	1st Survey : No <input checked="" type="checkbox"/>
	MV :
	PV :
	Nett :
	Adrian confirmed lump sum: \$2400 and 4 repair days
	(red, \$6590.02, 73%) <u>799C</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

1) Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

3 + RS. SI

Photos

Others

Report Formed:

Report Formed / Report Formed