

ASS. REC. BY: Tan JiahREF: 03/HS23005537/Twp3

ASSIGNMENT

2029 Dec.

2009, Dec

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: 877K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 85U7214A Yr Regn: 2009, DecType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota wish cc 1987Colour: Bronze A/C: Insured / Std / NI / NASp. Reading: 265666 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TPG.DOW705001595Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16BS / DUN / EXNOVA / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 31/5/23 e1240Survey held at Super Motion

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

Rear O/S

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

Date / Time	Action / Instruction
	Repair Range: <u>47000 - 48000</u> , 7 days.

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Rep. Form: _____

Lump Sum / L.B. / C