

ASS. REP: REP

ASSIGNMENT

From: _____ Date: _____
 Estin ~~Cost~~: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To In ~~sed~~ Vehicle No: _____
 at W ~~ork~~shop m/s _____
 of _____
 Insur ~~ed~~: _____
 Policy No. _____
 Claim ~~s~~ No. _____
 Sum ~~Insured~~: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLS 7337R Yr Regn: 2020, Jan.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Lexus ES250 c.c. 2487
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 35361 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTH B11 B170202/500
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 235/45R18
 R: 235/45R18

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

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

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

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>06/06/23</u>

Survey held at JL Perfect.

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
	<u>TP INC</u>
	<u>COE Expiry :</u>
	<u>Estimate given during : Yes (✓)</u>
	<u>1st Survey : No ()</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>
	<u>709c</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

3) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$))

: Interview (\$))

: Tech. Inve (\$))

Survey Fee: _____

Transportation: _____

3 + RS. _____ \$

Photos _____

Others _____

Report Format: _____

Printed on _____ / P.P. E. Co