

ADD. Ref. BY:

REF:

CS/UOI23005637/Any3m4

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ODI / PWS / TP RES / OD RES / EVA / INV / MV

To Insured 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: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKA3392M Tr Regn: 2011 / Feb.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis c.c. 1598

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

Sp. Reading: 103969 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REE104112175

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

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. 05/06/23

Survey held at Modern

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

TP UOI

COE Expiry: 31/01/26

Estimate given during: Yes ()
1st Survey: No (✓)

MV:

PV:

Nett:

Adrian confirmed lump sum: \$6100 and 6 repair days

(red, \$7606.96, 55%)

701H.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Inve (\$)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

(3 x 25)

250 + 75

60

80

75

Report Formset:

Formset 2 Form / LRP / C

T: 540

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23/6/23