

ASS. REC. BY: Taupp

REF:

CS/11523005694/Tnps

ASSIGNMENT

2026 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: \$42K
IDAC Accident Rpt: _____ 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 WP
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: G6F5501H Yr Regn: 2006 Dec
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Dyna c.c. 2982
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 536609 T/Radio: Insured / Std / NI / NA
Eng/No: _____
G/No: STFAT 559803000179
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: NI / S/Rim / STD A/Rim or
Tyre Size: F: 195/R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6/6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6/6</u> mm
D.O.A. _____	D.O.I. <u>8/6/23</u>

Survey held at UE Motor
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>Repair range \$ 7000 - \$8000, 8 days</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

1) _____
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 _____
TOTAL _____

Rep. Format: _____
Lump Sum / L.B.L. (\$) _____