

REF: CS/GAI24080391/Anp3 (SLS 1424L)

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estim: \_\_\_\_\_  
OD / TP RES / CD RES / EVA / INV / MV  
To in \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
at \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_  
(Policy Condition)

Veh No: SLS1424L Yr Regn: 2016, Oct.  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota Wish C.D. 1798  
Colour: White A/C: Insured / Std / NI / NA  
Sp. Reading: 153953 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JTDG620w40J005559  
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: 195/65R15  
R: 195/65R15

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

N/S	O/S

BS / DUN / EXNOVA / GY / FR / IZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_

Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repair: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 06 mm R/Bal. 06 mm  
L/Bal. 06 mm L/Bal. 06 mm  
D.O.A. \_\_\_\_\_ D.O.I. 22/08/24  
Survey held at Green Forest  
Des. of Damages: Fnt / 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 Great American</u> <u>COE Expicy</u>
	<u>Estimate given during 1st Survey</u> <u>Yes ( )</u> <u>No (X)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett. <b>Adrian confirmed lump sum \$3800 and 5 days (red, \$10387.9, 73%)</b></u>
	<u>0775.</u>

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

Days Of Repair: 5

1) Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

\_\_\_\_\_