ASS. REC. BY: CS/LIP 24090499/Pnh3

ASSIGNMENT

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:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

COE March 2027

Veh No: SGS 3453Z Yr Regn: 12 March 2007

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

Make: Toyota Estima c.c. 2362

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

Sp.Reading 236,482 T/Radio: Insured / Std / NI / NA

Eng/No: 2AZ2174528

C/No: ACR50701637 5

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55 R17

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Michelin

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	12/09/2024	D.O.I.	27/09/2024

Survey held at Alfred dub JMC

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

Ra

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

Date / Time	Action / Instruction
	Liberty SNR 3639C
	MV 39K
	LTA 12.2K
04/10/24	10 Seek mandate L/S ~~2,300~~ 5,500/- 5 days. (Red, ₱ 10214, 64%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / LB.I: ($)

Survey Fee:	
Transportation:	
S+RS SI	
Photos	
Others	
TOTAL	