ASS. REC. BY: **Steve**  REF: **CS/CTI24110129/Enh3**

## ASSIGNMENT

| | |
|---|---|
| From: _____ Date: _____ | Veh No: **SNN7621Y**   Yr Regn: **26 Dec 2023** |
| Estimated Cost: _____ | Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / **MV** | Truck / Trailer or _____ |
| To Inspect Vehicle No: _____ | Make: **TOYOTA VOXY**   c.c **1797** |
| at Workshop m/s _____ | Colour **Black**   A/C: Insured / Std / NI / NA |
| of _____ | Sp.Reading **149493**   T/Radio: Insured / Std / NI / NA |
| Insured: _____ | Eng/No: _____ |
| Policy No. _____ | C/No: **ZWR900142153*** _____ |
| Claims No. _____ | Gen. Cond: **Good** / Fair / Poor / Burnt |
| Sum Insured: _____ Excess: _____ | Steering: **Inorder** / Jammed / Leaked / Burnt or _____ |
| (Client's Record) | Brake: **Inorder** / Jammed / Leaked / Burnt or _____ |
| Make of Veh: _____ | Modi: Nil / **S/Rim** / STD A/Rim or _____ |

Tyre Size:  F: **215/55R17**
           R: **"**

(Policy Condition)

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

| | N/S | O/S |
|---|---|---|
| | | x |

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

| Front | | | Rear | | |
|---|---|---|---|---|---|
| R/Bal. | **5** | mm | R/Bal. | **5** | mm |
| L/Bal. | **5** | mm | L/Bal. | **5** | mm |
| D.O.A. | **28/12/24** | | D.O.I. | **16/12/24** | |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Survey held at **Mycar consultant**

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

| Date / Time | Action / Instruction |
|---|---|
| | **MV - $188k** |
| | |
| | |
| | |
| | |

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

Days Of Repair: _____

1) _____

Date/Time, File Return to?

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp  ($ _____ )
         ☐ : Interview  ($ _____ )
         ☐ : Tech. Invs  ($ _____ )
         ☐ : Weekend  ($ _____ )

Report Format : _____

Lump Sum / I.B.J: ($ _____ )

Survey Fee: _____
Transportation: _____
___S + RS.___SI
Photos _____
Others _____
TOTAL _____