

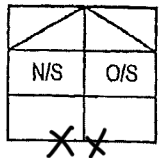
ASS. REC. BY: Tough

REF: CS/CT124116445/Tvhs

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.



Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ 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: PC599E Yr Regn: 1
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: _____ C.C. _____
Colour: Maroon A/C: Insured / Std / NI / NA
Sp. Reading: 182121 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 452K4x20001908057
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: N / S/Rim / STD A/Rim or
Tyre Size: F: 295/80R22.5
R: ^ ^ (D)
BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front: _____ Rear: _____
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. _____ D.O.I. 25/11/24 430pm
Survey held at SC Auto
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>No G1A</u>
	<u>Repair Range: \$25,000 - \$30,000, 15 days</u>

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

Date/Time, File Return to?

2) _____

Rep. Format: _____
Lump Sum / L.B.L. / _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
Photos _____
Others _____
TOTAL _____