Asg. By: REF: CS/SMO24070198/Anp3 (YN 7973B)

ASSIGNMENT

From: Date:

Estim. Cost:

OD / TPPD / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at W/Shop/Workshop/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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YN 7973B Yr Regn: 2015, April

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

Make: Hino XZU710R c.c. 4009

Colour: White. A/C: Insured / Std / NI / NA

Sp.Reading: 220987 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHHUCS3H60K011804

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 7.00R16

R: 7.00R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	12/07/24

Survey held at: Automobile Hub.

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
	TP Sompo
	COE Expiry :
	Estimate given during 1st Survey : Yes ( ) No (✓)
	MV : 17K.
	PV : 3K
	Nett : 14K
	Adrian finalise lump sum $3200 and 5 days (red, $7510, 70%)
	403H.

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation:

B + R.S. SI

Photos

Others

Report Format: