Asse: [illegible] Ref:

ASSIGNMENT

From: _____ Date: _____

Estim: [illegible] Cost: _____

OD / [illegible] / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop/s _____ _____

of _____

Insured: _____

Policy No: _____

Claim's No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: 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: GBG1510C Yr Regn: 2017 June.

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

Make: Toyota Dyna. c.c 2982

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

Sp.Reading 215534 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y30K207537

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: 195R15C

R: 155R12C

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.	21/06/24.

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 1st Cap.
	MV :
	PV :
	Nett :

COE Expiry : _____

Estimate given during : Yes ( ) / 1st Survey : No (✓)

102R.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

[ ] : Preli. Report

[ ] : Final Report

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Addl Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] : Tech. Inve ($ _____)

[ ] : _____ ($ _____)

Survey Fee: _____

Transportation: _____ $ + R$ _____ $

Photos _____

Others _____