Report REF: AIG Ref : 18000797/RIPS3 74912

ASSIGNMENT

From Date 07/03/2018

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No CB 6078R

at Workshop / Hse LYS Engineering

of 13 Pioneer Walk

Insured:

Policy No:

Claims No:

Sum Insured: Excess

(Client's Record)

Make of Veh:

(Policy Condition) 11am owner waiting

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: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: CB 6078R Year: 2002 Jany

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

Make: TOYOTA HIACE CC: 2985

Colour: MULTI A.C.: Insured / Std / Nil / NA

Sc Reading: 941192 Radio: Insured / Std / Nil / NA

Eng No:

C No: LH172610 5927

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: 195R15LT

R:

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

Front		Rear	
R/Bal.	6 mm	R Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	01/12/17	D.O.I.	07/03/18

Survey held at: LYS ENGINEERING

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

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

Date	Time	Action / Instruction

Date/Time File Passed: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. $ ☐ Transport $ ☐ Tele $ ☐ Tele $

Report Format

Lump Sum / LE

Survey Fee

Transport

Other $

Total

Other