REF:

III

## ASSIGNMENT

From: Date:		11110.		'r Regn: 20/5	
Estimated Cost:	Ту	pe: M.Car / M.Cycle / B	us / Van / Lorry /	Taxi Prime Mover	1
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or			
To Inspect Vehicle No:	Ma	ake: Toyota Ve	Ufine.	c.c 2	362 -
at Workshop m/s	Co			C: Insured / Std	/NI/NA
of	Sp	Reading 485	137 . T/F	Radio: Insured / Sto	A/NI/NA
Insured:	Er	ig/No:	. 0	02	
Policy No.	C/	No: ATI	12080309	83.	
Claims No.	G	en. Cond: Good Fair I			
Sum Insured: Excess:	St	eering: Inorder Jamm	ed / Leaked / Burr	nt or	
(Client's Record)	Br	ake: Inorder Jamm	ed / Leaked / Burr	nt or	
Make of Veh:	M	odi: Nil / S/Rim / S	TD A/Rim or		
	Ty	vre Size: F:	215/651	215	
(Policy Condition)		R:	1		
Remark: The veh had commenced its	/S O/S B	S / DUN / EXNOVA / G			IMI /
repair at the time of inspection.	N/	TOYO / YOKO or	Goodin	Se	
Bal. or Market Value:	E	ront		ear /	
IDAC Accident Rport: Consistent? : Yes or No	R	/Bal.	mm R	/Bal. 6	mm
GIA / PR Seen: Consistent? : Yes or No	L	Bal.	mm L	/Bal.	mm
Est. Repairs: days Res.: Yes or No	o D	.O.A.	D	1.0.1. 24/8	11201618
Lum Sum: % 3 Val.: Yes or No	o s	urvey held at	live Ant	0.	
ON A PEN A PER A SAMPS	D	es. of Damages : Frt	Rear / O/S / N/S	/ U/C / Rooftop	or
CA / REV / REP. / 24 HRS	de: IN / OUT				
Date: Person Contacted:		The U/C / Chassis f	rame / Body Stru	icture affected due	to collision.
Date / Time Action / Instruction					
Date/Time, File Pass to? : Preli. Report	Da	ys Of Repair:			
: Final Report	Re	survey No. of Trip:		Survey Fee:	
Date/Time, File Return to?			T	ransportation.	
2)	Add Fee:	: Site Insp (\$	)_	_S + RSSI	-
		: Interview (\$		Photos	
Report Format :		: Tech. Invs (\$	).	Others	
Lump Sum / I.B.I: (\$		: Weekend (\$	)		
				TOTAL	