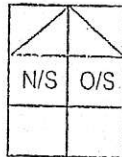


ATTENTION: email and any attachments must be received immediately by this email

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
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCH7800J Yr Regn: 2015 Nov
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Camry C.C. 1958
 Colour Black A/C: Insured / Std / Nil / NA
 Sp. Reading 75988 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: M2053DK5100104814
 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: 245/40R19
 R: 245/40R19
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Altenzo
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 31/07/19
 Survey held at T.K.
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP MSIG.
	Lump Sum \$3800/- (Red fb 53.10 : 66%)
	6 DAYS
	MV : 851C
	PV : 61.61C
	Nett : 23.4K.

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:	Survey Fee:	Date:
1) 13/5 Typist	2)	IN	Basic & Add.	
3)	4)	OUT	___ S + RS, ___ SI	
5)	6)		Photos	
Prel. Report:			Others	
Final Report:			TOTAL	