

SMO

ASS. REC. BY:

REF:

ASSIGNMENT

2021 NOV.

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.

N/S	O/S
☒	☐

Bal. or Market Value: \$9K.
 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: Darren
 Vehicle: IN / OUT

Veh No: GV 83955 Yr Regn: 2002, NOV
 Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Dyna 1500 c.c. 2986
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 369730 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STFUF 349.503000 583
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: W / S/Rim / STD A/Rim or
 Tyre Size: F: 185 / R14
 R: 185 / R12
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Linum
 Front
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. _____ D.O.I. 30/6/20
 Survey held at Teamwork Garage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TAUFIKH CONFIRMED L/S \$ 1,800.00/4 DAYS WITH DARREN
 (\$ 5,934.46/RED - 77%)

Date/Time, File Pass to?

12/08/2020

1) TYPIST

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Rep. Form(s):

Lump Sum L/S \$ 1,800.00