(08/11/13)   wef

ASS. REC. BY: _Marcus_   REF: _CC6/ CT/20006340/Uda3_

ASSIGNMENT

From:	Date:	Veh No: _GBA 4441E_ Yr Regn: _7' 07_

Estimated Cost:

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

To Inspect Vehicle No: _GBA 4441E_

at Workshop m/s _Lim's BW_

of

Insured: _GBJ 7194B_

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: _$14K._

IDAC Accident Rport: Consistent? : Yes or **No**

GIA / PR Seen: Consistent? : Yes or **No**

Est. Repairs: _4_ days   Res.: **Yes** or No

Lum Sum: _20_ %   3 Val.: **Yes** or No

CA / REV / REP. / 24 HRS   _196N_
                        Vehicle: **IN** / OUT

Date: Person Contacted:

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

Make: _Toyota_ _Dyna_   c.c _2982_

Colour _Red_   A/C: Insured / Std / NI / NA

Sp.Reading _419225_   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: _JTFAT351/203000986_

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: _195 R15_ _Austone_
             R: _155 R12_ _Dunlop_

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

Front		Rear	
R/Bal. _6_	mm	R/Bal. _6/6_	mm
L/Bal. _6_	mm	L/Bal. _6/6_	mm
D.O.A. _9/6/20_		D.O.I. _16/6/20_	

Survey held at _____

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

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

Date / Time   Action / Instruction _reff 6903_

vc 16-7-2022 LIA $7097

29/6/20. confirmed M/S $2550 with Susan.

Date/Time, File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report
Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation:

) ___S + RS,___SI
) Photos
) Others
)

TOTAL