Ref. Rec. By: | Ref: CS/CTI20007345/Asf3

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLU5385D Yr Regn: 2016 / June

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

Make: Toyota Alphard c.c 2493

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

Sp.Reading 177604 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: AGH30003538 6

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: 245/40R20

R: 245/40R20

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	20/07/20

Survey held at Dynamic

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

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

Date / Time	Action / Instruction
	TP China.
	MV :
	PV :
	Nett :
	ADRIAN CONFIRMED L/S $ 8,200.00/4 DAYS WITH BOSS.
	($ 12,691.35/RED - 61%)

Date/Time. File Pass to?
21/09/2020
1) TYPIST

☐ : Preli. Report
☑ : Final Report

Date/Time. File Return to?
2)

Report Format :
Lump Sum L/S $ 8,200.00

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
__$ + PS. __SI	
Photos	
Other	
TOTAL	