ASS. Rec. BY: GQ | REF: CC4/AIG20007800/Gka3

# ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / MS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s ALLSWELL MOTOR

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: 3 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: SMA 4079M Yr Regn: 06 Jun/2018

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

Make: TOYOTA VOXY HYBRID 1.8X c.c 1797

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

Sp.Reading 148848 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR800324959

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: 195/65R15

R: 195/65R15

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | | D.O.I. | 29-07-2020 |

Survey held at W/S 10:30

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Yes/No BI Involved |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Insp ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL