(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM20009159/UA3

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMD4099P

at Workshop m/s Zoom

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: 695

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 50 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 23J Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD 4099P Yr Regn: 8/18

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

Make: Toyota NOAH/Hybrid 1797

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

Sp.Reading 238601 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80032927S

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: 225/45ZR17

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 7 mm | R/Bal. | 7 mm |
| L/Bal. | 7 mm | L/Bal. | 7 mm |
| D.O.A. | 27/8/20 | D.O.I. | 31/8/20 |

Survey held at —

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Rep/0500 LYA 845723 |
| 4/9/20 | 4/S 5000 confirmed with Elin |

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($ ) __S + RS, __SI

☐ : Interview ($ ) Photos

☐ : Tech. Invs ($ ) Others

☐ : Weekend ($ )

Report Format :

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

TOTAL