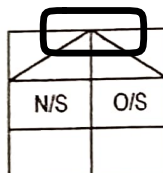


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ **TP / WS / TP RES / OD RES / EVA / INV / MV**
 To Inspect Vehicle No: _____
 at Workshop m/s: **ALLSWELL MOTOR**
 of _____
 Insured: _____
 Policy No: **DMHCSNA00005762000**
 Claims No: **SNM20D203889**
 Sum Insured: _____ Excess: **\$2000**
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: **\$62k**
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **5** 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: **SLH 8096L** Yr Regn: **18 Nov 2016**
 Type: ☒ **Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **TOYOTA PRIUS** c.c. **1797**
 Colour: **Black** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **336034** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **ZVW506048595**
 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 WINDFORCE
 Front _____ Rear _____
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. _____ D.O.I. **21-10-2020**
 Survey held at **W/S** **11am**
 Des. of Damages: ☒ **Frnt** Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
11/03	Finalized \$9105.30 with Ben (Red \$8124.70, 47%)

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

1) 18/03 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____) ☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____) ☐ : A/Sel end (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos _____
 Other: _____
 TOTAL: _____

Report Fee: **MER-OD**

_____ 9105.30