CS/CTI20012332/Atd3

# 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: SMD9417Y. 1st Regn: 2018/Sept.

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

Make: Toyota Prius. c.c 1797

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 23012 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW50614067A.

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 Falker.

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 06 mm | R/Bal. | 06 mm |
| L/Bal. | 06 mm | L/Bal. | 06 mm |
| D.O.A. | | D.O.I. | 11/11/20 |

Survey held at AP.

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

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

| Date / Time | Action / Instruction |
|---|---|
| | TPClaim. |
| | LUMP SUM $4100, 5DAYS |
| | MV : RED:5759.92;58%) |
| | PV : |
| | Nett : |

Date/Time File Pass to:
1) 19/3/2021
Date/Time File Return to:
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:
Transportation: $ + PS $
Phone:
Other: