(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/AG/20012911/Usd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKU 1163R

at Workshop m/s AIM

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: $90

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (TTJ

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKU 1163R Yr Regn: 6/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1

Make: Toyota Alphard c.c 2494

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

Sp.Reading 25402 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNGF3DH808000226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/50R18

R:

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

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal. 6	mm	L/Bal. 6	mm

D.O.A. 20/11/20 D.O.I. 24/11/20

Survey held at

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

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

Date / Time	Action / Instruction
	2YA $71792
	sensor $509-23
8/12/20	confirmed L/S $4000 with Kelvin (Red 6061.6F, 6070)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ 4000)