

CS3/ CTI 21001358/Gvd3

## ASSIGNMENT

Estimated Cost:

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

Inspect Vehicle No:

Workshop n/s

Auto Mega mall

Insured: SLF 1214U

Policy No. DMPCSNW00040562001

Claims No. SNM21D200450/C01/LEWLC

Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

\$38K

JAC Accident Report

Consistent? : Yes or No

JIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res: Yes or No

Comp Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Vehicle: ABD59L

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

Truck / Trailer or

Make:

Toyota Dyna 3.0 cc 2882

Colour:

Blue

A/C Insured / Std / NI / NA

Sp Reading:

241788

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDY 23/80/7 333

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R15 (YOKO)

R:

155 R13 CHAIDA

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal:

6

mm

Rear

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A

24/1/21

D.O.I

28-01-21

Survey held at

w/s

4:30pm

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

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

Date / Time

Action / Instruction

COB: 13052

GIA &amp; Estimate later Give

\$7000-\$8000

Date/Time: File Pass to:

☐

Preli. Report

D)

☐

Final Report

Date/Time: File Return to:

26/3/21-Typist

Add'l Fee:

Days Of Repair: 7

Resurvey No. of Trip:

☐

Site Insp: \$

☐

Interview: \$

☐

Photo: \$

☐

Other: \$

Survey Fee:

Transportation

Total Fee: \$

Total:

Total:

PRS