(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/1112100/1480/UP23

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBJ2365H

at Workshop m/s AIM

of

Insured: YP980LR

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: $68/-

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 996R Vehicle: IN / OUT

Date: Person Contacted: Zeff Ravo

Veh No: GBJ2365H Yr Regn: 22/2/19

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

Make: Toyota hiace DX c.c 2754

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

Sp.Reading 70508 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH201200*2662

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 R15

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. 28/1/21		D.O.I. 1/2/21	

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear & Rear w/screen shattered

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

Date / Time	Action / Instruction
	LYA 21259
9/2/21	4/5 @ 5800 confirmed with Kelvin

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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