

ASS. REC. BY: Taylor

REF: CS/CT/21001604/TIV43

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: SJX 605K

Policy No. DMPCSNW00067362000

Claims No. SNM21D200610/C02

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: \$80K.

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: Denrich Vehicle: IN / OUT

Veh No: SLV5069L Yr Regn: 2017, Dec.

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

Truck / Trailer or

Make: Toyota CHR Hybrid C.C. 1798 1797

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

Sp. Reading 109024 T/Radio: Insured / Std / NI / NA

Eng/No: 7YX102085869

C/No: _____

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: 225/50R18

R: 4 1.

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mm

L/Bal. 6 mm / L/Bal. 6 mm

D.O.A. 30/1/2021 D.O.I. 3/2/21

Survey held at Tivolate

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

O/S Rear

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

Date / Time	Action / Instruction
	<u>wp will provide estimate</u>
<u>7/4/21</u>	<u>LS \$6150 confirmed by email (Red 4688.42,43%)</u>

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

1) : Final Report

Date/Time, File Return to?

2) 7/4/21-Typist

Report Format: Merimen

Lump Sum / I.B.F. / LS \$6150

Days Of Repair: 8

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Phone: _____

Others: _____

TOTAL: _____