

621

INC

ASSIGNMENT

Estimated Cost  
TP / WS / TP RES / OD RES / EVA / INV / MV  
Inspect Vehicle No.  
Workshop m/s Comfast long  
sured  
Policy No.  
Claims No.  
Insured  
Excess  
(Client's Record)  
Make of Veh:  
(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.  
al or Market Value:  
JAC: Accident Report Consistent? : Yes or No  
IA / PR Seen. Consistent? : Yes or No  
st. Repairs 3 days Res: Yes or No  
um Sum: 20 % 3 Val: Yes or No  
CA / REV / REP. / 24 HRS  
Date Person Contacted  
Vehicle: IN / OUT

N/S	O/S

5123348 Page 09 Jan 2019  
Type M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make Toyota Prius CC 1798  
Colour yellow A/C Insured / Std / NI / NA  
Sp Reading 246647 T/Radio Insured / Std / NI / NA  
Eng/No  
C/No: JTDKB3FU703078191  
Gen Cond Good / Fair / Poor / Burnt  
Steering In Good / Jammed / Leaked / Burnt or  
Brake In Good / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/65 R15  
R: 11  
BS / DUH / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or westlake  
Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. D.O.I. 10-02-21  
Survey held at w/s 4:20pm  
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
	Confirmed COR \$1000 before GST. @ 3 working days. red: 2806.49;73%

Date/Time. File Pass to: ☐ : Preli. Report  
☐ : Final Report  
Date/Time. File Return to:

Days Of Repair: 3  
Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (\$  
☐ Interview (\$  
☐

Survey Fee:  
Transportation