

ASS. REC. BY:

Enl
PRS

CF

ASSIGNMENT

(2025)
10 May 2005

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s MIE Motor
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: 6Y5288P (r Regn: 10 May 2005)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Dyna c.c. 2986
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 5705096 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFUF34Y903010484
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
	<u>0</u>

Bal. or Market Value: \$24K
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: no % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Tyre Size: F: 185R14
 R: 155R12
 BS / PUN / 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. _____ D.O.I. 11-03-24
 Survey held at w/s 3pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>08:100P7</u>
	<u>\$3000 - \$4000</u>

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)
 : Misc (\$)

Survey Fee: _____
 Transportation: _____
 Files: _____
 Other: _____

Inspect Form
 Equip. Form / M.D. Form