

60
PRS

SMO 21000061/GUqd3

ASSIGNMENT

Insured Cost

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

Inspect Vehicle No.

Workshop m/s

Car Smith

Insured

Policy No.

Claims No.

CMTD2003605/MYE

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

Actual or Market Value:

JAC Accident Report

Consistent? : Yes or No

ATA / PR Seen

Consistent? : Yes or No

Est Repairs

3

days

Res: Yes or No

Insured Sum.

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted

Vehicle

GRJ5928Y

Page

13 Jun 2019

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

Truck / Trailer or

Make

Toyota Hiace

CC

2882

Colour

Silver

A/C

Insured / Std / NI / NA

Sp Reading

68542

T/Radio

Insured / Std / NI / NA

Eng/No

Ch/No

JTFHT02P300-249128

Gen Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15

R:

11

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

D.O.I

05-01-21

Survey held at

w/s

11:30

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

near O/S

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

Date / Time

Action / Instruction

\$1000 - \$2000

LUMP SUM 1600, 4DAYS

RED: 2550; 61%

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fees:

Transportation

3 + 100

1000

1000

Adm Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Report: \$

☐

Other: \$

PAPER SURVEY