

08/11/13 Waf
ASS. RE BY: Maria

REF:

CS/110121005012/4+3

ASSIGNMENT

From: Date:
Estimated Cost:
OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: GBA 924E
at Workshop m/s R.

of
Insured Y/P 60096

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.

Bal or Market Value: 10k.

IDAC Accident Report: 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 R 679M

Date: Person Contacted: 3782

Vehicle: IN / OUT

Veh No: GBA 924E Yr Regn: 02/102/07
Type: M.Car / M.Cycle / Bus / Van (Lorry / Taxi / Prime Mover)

Truck / Trailer or CM /

Make: Toyota Dyna cc 2982

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

Sp Reading: 462139 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT354803000166

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: 185 R15

R: 155 R12

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal: 5 mm R/Bal: 5/5 mm

L/Bal: 5 mm L/Bal: 5/5 mm

D.O.A. 16/4/21 D.O.I. 21/4/21

Survey held at

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

Rear N/S.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

02 APR 01-02-2022

NRH 6218

3/5/21 L/S \$ 5000 confirmed with Alan.
(Red: 7383.70, 59%)

Date/Time, File Pass to?

☐: Preli. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$

Survey Fee

Transportation

) \$ + RS, \$

) Photos

) Others

TOTAL

2x26 = 50

250

60

80

69

03P

12/5/21

509

Report Format: TP

Lump Sum / I.B.I. (\$) 5000/-