Ass. Elec. Br: | Ref: CS/UOI21005113/Avf3

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: SLR 2630G

Policy No:

Claims No: M12D15582105

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:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJQ7940H Yr Regn: 2009, May

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

Make: Toyota Altis c.c 1598

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

Sp.Reading 177318 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053ZEE10614.5757

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: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	20/4/21	D.O.I.	26/04/21

Survey held at CAT NHT

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
	TP UOI COE Expiry: 30/04/24.
27/5/21	Adrian confirmed LS $5100 (Red 10,885.45, 68%)
	MV : 22K
	PV : 7.9K
	Nett : 14.1K

Date/Time. File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2) 27/5/21-Typist

Report Format : TP

Lump Sum / I.B. / : LS $5100

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

	5x25=125
Survey Fee:	250+125
Transportation:	60
___$ + PS___$	80+80
Phone: 580	90
Others: OS? 21/5/21	
TOTAL	685