ASS. REC. BY: Tay 1/1 | REF: (53/ ASM 21006/6// Tito ASSIGNMENT Date: GQ81726 Yr Regn: 2017, Jan. From: Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lonry / Taxi / Prime Mover / OD ITP WS I TP RES I OD RES I EVA I INV I MV Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s Colour A/C: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Insured: Eng/No: Policy No. Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder/Jammed/Leaked/Burnt or (Client's Record) Make of Veh: Modi: NII S/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Tourador. Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal. IDAC Accident Rport: R/Bal. Consistent?: Yes or No L/Bal. UBal. GIA / PR Seen: Res.: Yes or No D.O.A. Est. Repairs: days 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages : Frt / Rear / CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Date: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction \$4000-\$6000 submit prs report Date/Time, File Pass to? Days Of Repair: 7 : Preli. Report : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S+RS. SI : Interview (\$ Photos Reper Format: : Tech. Invs (\$ Lump Sum / L.B.A: (7) Weellend (\$ TOTAL