(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/1112/007054/Ups3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBH 9285M

at Workshop m/s Prof

of

Insured: PC 10206

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.

N/S	O/S

Bal. or Market Value: $32k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: 3.04pm

Veh No: GBH 9285M Yr Regn: 18/3/11

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

Make: Toyota Dyna c.c 2982

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

Sp.Reading 170682 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y90K 201449

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-R15

R: 15.5-R12 Dun

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	0 mm	L/Bal.	6/6 mm
D.O.A.	25/6/21	D.O.I.	28/6/21

Survey held at

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

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

Date / Time	Action / Instruction
	Rep Tk. Cvr until 17-3-2026 MA $18205
3/7/21	I/S #2800 confirmed w.th Edward

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)