ASS. Rec BY: Tayjin   REF.   CTI

ASSIGNMENT

From: _____ Date: _____	Veh No: GB6S142E Yr Regn: 2017, Aug
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	Make: Toyota Hiace c.c 2982
at Workshop m/s # _____	Colour Green A/C: Insured / Std / NI / NA
of _____	Sp.Reading 146084 T/Radio: Insured / Std / NI / NA.
Insured: _____	Eng/No: _____
Policy No. DMCVSNW00054952000	C/No: JTFHT02P300220258
Claims No. SNM21D202494/C02	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R18
            R: ?

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S   O/S

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

	Front		Rear	
Bal. or Market Value: $64K.	R/Bal.	6 mm	R/Bal.	6 mm
IDAC Accident Rport: _____ Consistent? : Yes or No	L/Bal.	6 mm	L/Bal.	6 mm
GIA / PR Seen: _____ Consistent? : Yes or No	D.O.A.		D.O.I.	3/5/21
Est. Repairs: _____ days Res.: Yes or No	Survey held at	QAS		
Lum Sum: _____ % 3 Val.: Yes or No				

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	Repair Range $4000 - $5000 7 days
	SUBMIT PRS REPORT
	submit lump sum $6350
	red: 4350; 40%

Date/Time, File Pass to? ☐ : Preli. Report   Days Of Repair: ~~7~~ 8

1) _____   ☑ : Final Report   Resurvey No. of Trip: 1   Survey Fee: _____

Date/Time, File Return to?   Transportation: _____

2) _____

Add Fee: ☐ : Site Insp ($ _____) S + RS. SI
         ☐ : Interview ($ _____) Photos
         ☐ : Tech. Inve ($ _____) Other:
         ☐ : Wheel er a ($ _____)

Report Estimate:
Lump Sum / DUS to: