ASS. Rec. By: GQ | REF: CS/SMR21009031/Gny3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / TPS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s WORKSHOP 99 AUTO

of

Insured:

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: $59k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBG4202Y Yr Regn: 10 Aug/2017

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

Make: TOYOTA DYNA 150 c.c 2982

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

Sp.Reading 68136 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT35Y10K208475 *

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: 195/85R15 KENDA

R: 155/R12 YOKO

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	17-08-2021

Survey held at W/S 5PM

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
	We agreed to your offer of COR @ LS $2,000.00 and 3 w/days. (red, $1357.90 , 40%)

Date/Time, File Pass to?

1) 20/12/22

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___3 + RS.___SI

Photos

Others

TOTAL

Payment Method: TP

Lump Sum / UP to: 2000