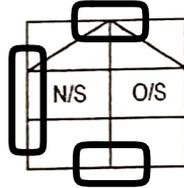


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / P / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: CAR CITY AUTO
 of _____
 Insured: _____
 Policy No: DMCVSNW00106232001
 Claims No: SNM21D204940/C01/TANKL
 Sum Insured: _____ Excess: \$350
 (Client's Record)
 Make of Veh: _____

Veh No: GBF4469A Yr Regn: 28 Oct/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA HIACE DX 3.0 c.c. 2982
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KDH2015023692 *
 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: 195/R15



(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**
 Bal. or Market Value: \$50k
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or TOURADOR
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 30/8/21 D.O.I. 08-09-2021
 Survey held at _____ W/S _____ 5PM
 Des. of Damages: **Frnt** / **Rea** / O/S / **N/S** / U/C / Rooftop or _____
 The **U/C** / **Chassis frame** Body Structure affected due to collision.

Date / Time	Action / Instruction
	TOTAL LOSS - CHASSIS FRAME BADLY BENT Total Rebate Amount: \$10,516
20/9/21	Submit CTL-MV \$50,000 (est) LTA: \$10,516 NV:\$39,484.00

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) 20/9/21-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy/MP: _____