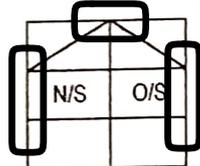


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / P / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Jin Auto
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: \$750
 (Client's Record)
 Make of Veh: _____

Veh No: GBH2532C Yr Regn: 20 Mar/2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA HIACE DX 3.0 c.c 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KDH2010228569
 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: 195/80R15
 R: 195/80R15



(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**
 Bal. or Market Value: \$82408.5
 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 _____

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>20-10-2018</u>	D.O.I.	<u>19-10-2021</u>
Survey held at _____		W/S _____ 11:30	

 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
	Total Rebate Amount: \$29217
	Net: \$53191.5
	31027 x 113/120 = 29217
	58997+1541+31027=91565
	91565 x 10% = 82408.5

Date/Time, File Pass to? : Preli. Report : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Filed at _____
 Long Code / MPB No: _____

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

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Insp (\$ _____) : Wash/End (\$ _____)

Survey Fee: _____
 Transportation: _____
 3 + RS. _____ \$
 Photos _____
 Other: _____
 TOTAL: _____