

ASS. REC. BY: Tau Jkh

REF: CS 3 / ASM 2101171 / TIVY 3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SHA 632B

Policy No. \_\_\_\_\_

Claims No. S1M03L18

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Bal. or Market Value: \$110K.

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 W PRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMM 10704. Yr Regn: 2019, Jan.

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

Truck / Trailer or

Make: Toyota Voxy Hybrid. c.c. 1797

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

Sp. Reading: 185568 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZWR80 0383406.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15

R: ~ ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habitead

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 28/10/21 D.O.I. 3/11/21 01145

Survey held at Went info

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

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

Date / Time	Action / Instruction
	<u>Repair Range: \$3000 - \$5000. 4 days.</u>
12/11/21	Submit PRS, repair range \$3,000-\$5,000

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) 12/11/21-typist

Report Format: \_\_\_\_\_

Lump Sum / L.B.A. (\$) \_\_\_\_\_

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
\$ + RS \$	_____
Photos	_____
Others	_____
TOTAL	_____