

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: \_\_\_\_\_

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.

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

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 \_\_\_\_\_ Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

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

Type:  M. 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 \_\_\_\_\_

Modl: 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 Habilitad

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

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

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

D.O.A. \_\_\_\_\_ D.O.I. 3/11/2101145

Survey held at Went into

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

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

| Date / Time | Action / Instruction                   |
|-------------|--|
|             | Repair Range: \$3000 - \$5000. 4 days. |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

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

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

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

- Add Fee:  : Site Insp (\$ \_\_\_\_\_)
- : Interview (\$ \_\_\_\_\_)
- : Tech. Invs (\$ \_\_\_\_\_)
- : Weekend (\$ \_\_\_\_\_)

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