

ASS. REC. BY:

REF:

C71/ 21012237/K4

D.A.A 39228 Yr Regn: 11, 20

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ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days Res.: Yes or No

Lum Sum:

20

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PMW3013

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Toyota Camry

C.C.

2487

Colour:

H. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

23377

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JNB 23HK 10.3070515

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

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

Front

Rear

R/Bal.

8 mm

R/Bal.

8

mm

L/Bal.

8 mm

L/Bal.

8

mm

D.O.A.

29/11/21

D.O.I.

2/12/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1/ GIA & Est not ready

18/11/21 83400 Camry (Red: 10444.75: 75%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

TOTAL

Report Format:

Lump Sum / I.B.I: (\$)