

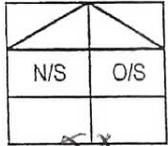
ASS. REC. BY: Taujmm

REF: 63/ASUM 21013294/TIMY3

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: SHD 7158S
Policy No. _____
Claims No. S1M03PJP
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: GBJ 2819J Yr Regn: 2019, April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Hiace c.c. 2982
Colour: Orange A/C: Insured / Std / NI / NA
Sp. Reading: 15839 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFHT02PS00248742
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: 195/195
R: 22
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$66K.
IDAC Accident Rport: _____ 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 WP PRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 28/12/21 D.O.I. 29/12/21
Survey held at Carsmith
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
	<u>Repair Range: \$5000 - \$6000, 7 days</u>
<u>4/1/22</u>	<u>Submit PRS, repair range \$5,000- \$6,000</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
1) _____
Date/Time, File Return to?
2) 4/1/22-typist
Rep. Format: _____
Lump Sum / I.B.I. (%) _____

Days Of Repair: 7
Resurvey No. of Trip: _____
Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:	_____
Transportation:	_____
_____ S + RS. _____ SI	_____
) Photos	_____
) Others	_____
TOTAL	_____