(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS4/FC122000007/4F3

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBC45107

at Workshop m/s Lewis Bros

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.

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC 45/0D Yr Regn: /

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (a)

Make: Toyota Hiace c.c 2982

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

Sp.Reading 415738 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P80 0078481

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-R15-

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 8 mm | R/Bal. | f mm |
| L/Bal. | f mm | L/Bal. | f mm |
| D.O.A. | | D.O.I. | 4/1/22 |

Survey held at

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

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

Date / Time Action / Instruction

4/1/22 2pm. Check steering inorder brake inorder, gearbox inorder driving 2 km n/s sliding door, rear fender dented/scrt. tailgate n/s cracked, tailgate dented Rear tyre Deformed, o/s Body scratched

Driving video of folder

Could print HTA

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($ ) __S + RS__ SI

☐ : Interview ($ ) Photos

☐ : Tech. Invs ($ ) Others

☐ : Weekend ($ )

TOTAL

Report Format :

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