

ASS. REC. BY:

REF: SMO/ 22 0000 701Kt

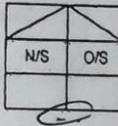
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s Trans Cob
 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: 1 1/2 days Res.: Yes or No
 Lum Sum: 1.31 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S14C 5132J Yr Regn: 10, 20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____
 Make: Toy Prius c.c. 1798
 Colour M.P. white 1Pr A/C: Insured / Std / NI / NA
 Sp. Reading 118276 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTOKB3FU 8030 92289
 Gen. Cond: Good / Fair / Poor / Burnt

Sleering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rim / STD / RIM or _____
 Tyre Size: F: 195/65R15
 R: _____

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

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8</u> mm
D.O.A. <u>31/12/21</u>	D.O.I. <u>4/1/2022</u>

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
<u>7</u>	<u>B600.88</u> <u>RED: 12507.40;95%</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 1.5

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation:

S - R.S. SI

Fuel

Others

TOTAL

Report Format :

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