(08/11/13) wef

ASS. REC BY: Marcus

REF: CC6/AIG22000285/UPS3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBE2766K

at Workshop m/s Asia motor-spot

of

Insured: SMP 1187A

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: $ 38k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 4 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS C 1937 Vehicle: **IN / OUT**

Date: Person Contacted: ZYAE 2004

Veh No: GBE2766K Yr Regn: 20/10/15

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or CM1

Make: Toyota Dyna c.c 2982

Colour Orange/Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 188791 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTFAT351/40k205196

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 OHTSU

R: 15-5-R12 Falken

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	6/1/22	D.O.I.	10/1/22

Survey held at

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

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

Date / Time	Action / Instruction
	Dept Ok.
18/1/22	4/5 $3500 informed AH long

Date/Time, File **Pass** to?

1) ☐ : **Preli. Report**

☐ : **Final Report**

Date/Time, File **Return** to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	