ASS. REC. BY: Steve | REF: CS/CT1720005 78/EVY3

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. _____

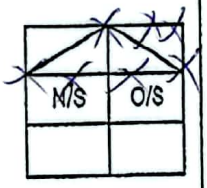
Sum Insured: _____ Excess: _____

(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 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: SGT48A Yr Regn: 9/3/09

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

Make: Toyota Picnic c.c 1998

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

Sp.Reading N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTEGH73B2000264H7

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or _____

Brake: (Inorder) / Jammed / Leaked / Burnt or _____

Modi : NII / (S/Rim) / STD A/Rim or _____

Tyre Size: F: 205/60R16

R: 11

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	23/12/21	D.O.I.	17/1/22

Survey held at Goldbell

Des. of Damages : (Frt) / Rear / O/S / N/S / (U/C) / Rooftop or & interior

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

Date / Time	Action / Instruction
	MV-50K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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: _____

$ + RS. _____ SI

Photos _____

Others _____

TOTAL _____