

ASS. REC. BY: Steve

REF: CS/11/22000878/ET3 Eny3

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: 1500

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bel. or Market Value: 84k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 20 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: GBL1782H Yr Regn: 29/3/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace c.e. 2982

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

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

Eng/No: _____

C/No: JTEHT02P500251611

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Mod: Nil / S/RIm / STD A/RIm or

Tyre Size: F: 195R15C

R: 21

BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 12/5/21 D.O.I. 26/1/22

Survey held at Efficient Motor

Des. of Damages Frt / Rear / N/S / UIC / Rooftop or

8 Inter. A

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time | Action / Instruction

	<u>MV-84K</u>
	<u>Steve confirmed lump sum: \$20000 and 20 days</u>
	<u>(red, \$17766.5, 47%)</u>

Date/Time, File Pass to?

: Prell. Report

1/27/01/23

: Final Report

Date/Time, File Return to?

2)

Report Format: OD

Lump Sum / I.B.I: (\$ 20000)

Days Of Repair: 20

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)