ASS. REC. BY:

REF: CC4/ASM2200342/Dga3

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: P/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBJ 2714 J Yr Regn: 2019/ March

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

Truck / Trailer or

Make: Toyota Dyna c.c 2982

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

Sp.Reading 133810 T/Radio: Insured / Std / NI / NA

Eng/No: 1KD2841463

C/No: JTFAT35T10K212574

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: 155 R12

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

TOYO / YOKO or Yokohama

Front		Rear	
R/Bal.	5 mm	R/Bal.	5/5 mm
L/Bal.	5 mm	L/Bal.	5/5 mm
D.O.A.	11/04/2022	D.O.I.	13/04/2022

Survey held at Alfred Auto AMK

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

O/S Front

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

Date / Time	Action / Instruction
	AXA XD 1652G
	MV 69K
	LHA 18K
	HL 51K
09/05/2022	final P/P 4,021.17 with 5 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / Itemised

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	