

ASS. REC. BY:

REF:

CS/CTI22004037/Bqy3

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 7 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: SJU 8371Y Yr Regn: 30/12/2009

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

Truck / Trailer or _____

Make: TOYOTA VIOS E AUTO C.C. 1496Colour: YELLOW A/C: Insured / Std / NI / NASp. Reading: 209009 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY9305142162Gen. Cond: Good Fair / Poor / BurntSteering: Inorder Jammed / Leaked / Burnt orBrake: Inorder Jammed / Leaked / Burnt orModi: N / S/Rim STD A/Rim orTyre Size: F: 185/60 R15R: "

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

TOYO YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/04/2022 D.O.I. 29/04/2022Survey held at Bifrost

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

o/s rear

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

Date / Time	Action / Instruction
	Finalised LS \$3400, 7 days. (Red \$13443.23, 80%)

Date/Time, File Pass to?

☐ : Preli. Report1) 22/05 Typist☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: MER-TPLump Sum 3400