ASS. REC. BY: Taufik | REF: CSS | ASM2200419O | TUY3.

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: YN 7699T

Policy No. _____

Claims No. S2M0405T

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: 95K.

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 WP-PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBF5208E Yr Regn: 2016 / Dec.

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

Make: Toyota Hiace c.c 2982.

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

Sp.Reading 98553 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P500207351

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: 2 n

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	1/11/2021	D.O.I.	9/5/22 @ 5pm.

Survey held at QAS.

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

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

Date / Time	Action / Instruction
13/5/22	Repair Range: $3000 - $4000, 4 days.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 13/5/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS___SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (% _____)