ASS. FEO. BV.	S A2S 2200 4407 Any3
ASSIGNMENT	
From Date:	Veh No: SND8114R, Yr Regn: 2022, Jm.
Estimated Cost:	Type M.Cor / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Nonh Hybrid . c.c 1797
at Workshop m/s	Colour Black . A/C: Insured / Std / NI / NA
of	Sp.Reading 29043 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZWR800512233
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /6/Rim / STD A/Rim or Tyre Size: F: /85/65 R15
(Policy Condition)	R: 195/65 R15.
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
,	TOYO/YOKO or
Bal. or Market Value: DAC Accident Rnort: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
TO A POSICIONAL TOPOLO	L/Bal. 06 mm L/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No Est. Repairs: 2 days Res.: Yes or No	D.O.A. D.O.I. 11/05/22.
Lum Sum: % 3 Val.: Yes or No	Survey held at My Car Consultent
manufacture (PAP)	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	DEAD 0/0
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction To Allianz	
11. mare	
Lymp Sum \$ 1000 and 2 days	
	red: \$3597,78%)
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
i) 6/7/22 Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time. File Return to?	Transportation:
2) A (4) (4)	um and
report Former: \000	: Interview (>) Photos
· Alexander Attack	