(08/11/13)

ASS. REC. BY:

REF CS/AG12004474/BYY3

# 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: 8 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMS 5987R Yr Regn: 03/03/2020

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

Make: TOYOTA CHR 1.8 c.c 1797

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

Sp.Reading 170990 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX10217 4029

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NII / S/Rim / STD A/Rim or

Tyre Size: F: 215/60 R17

R:

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 6 mm | R/Bal. | 6 mm |
| L/Bal. | 6 mm | L/Bal. | 6 mm |
| D.O.A. | | D.O.I. | 12/05/22 |

Survey held at

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |
| | Finalised US $9400, 8 days (Recd $ 23672.95, 75%) |

Date/Time, File Pass to?

1) 03/2 4/pm

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

Report Format : TP

Lump Sum / ~~I.B.I~~: ($ 9400 )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| S + RS, SI | |
| Photos | |
| Others | |
| TOTAL | |