

GB**

ASS. REC. BY: T. J. J.REF: CS/FCI22604501/1773

Vny3m4

T. J. J.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop on: _____

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.Bal. or Market Value: 80k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: GBK3894KYr Regn: 29/6/20

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

Truck / Trailer or

Make: Toyota Hiacecc 2982Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 58662

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STF HT02P000250527Gen. Cond: Good / Fair / Poor / BurntSteering: In Order / Jammed / Leaked / Burnt orBrake: In Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or

transito

Front

R/Bal. 6

mm

Rear

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. 14/5/22D.O.I. 23/5/22/800Survey held at ABwinDes. 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

mv: 80krcbqte: 17421nw: 62549

lump sum: \$1200 and 3 days

(red, \$739.73, 38%)

Date/Time, File Pass to?

1) 19/07/22

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 1200)Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

100

50

17

167