(08/11/13) wef

ASS. REC. BY:

REF: CS/AB2200 5063/R 33

2554

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBL 2394M

at Workshop m/s AUTO INSURE

of 6 MARSILING LN

Insured: AIS

Policy No.

Claims No.

Sum Insured: Excess: TBA

(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: 88K

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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBL 2394M Yr Regn: 2021 / MAR

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

Truck / Trailer or

Make: TOYOTA HIACE DX 2.8A c.c 2754

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

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

Eng/No:

C/No: GDH 2011056420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl : NIL / S/Rim / STD A/Rim or

Tyre Size: F: 195/80R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 14/05/22 D.O.I. 30/05/22

Survey held at AUTOINSURE

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

FRT N/S

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

Date / Time Action / Instruction

REPAIR LIMIT - 48K

submit Extensive total loss

MV $ 88K

LTA : $ 39811

NETT : $ 48189

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1) 4/8/22

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL