

ASS. REC. BY:

REF:

CS/AIS22005752/Any3

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 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: GBL934T Yr Regn: 2021, March

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 136886 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02PS00251494Gen. 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: 195 R15CR: 195 R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 16/06/22Survey held at Automobile HubDes. 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
	<u>TP Allianz.</u>
	<u>lump sum: \$4800 and 6 days</u>
	<u>(red, \$5559.10, 54%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>
	<u>811H.</u>

Date/Time, File Pass to?



Preli. Report

1) 05/08/22

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 - FS, SI

Photos

Other

Add'l Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Report Formed: tp-merimenLump Sum / L.P.R. (\$ 4800