

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SDW 5905M
 at Workshop m/s: huyphob
 of: _____
 Insured: SLK 820M
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SDW 5905M Yr Regn: 16/09/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA/
 Make: Toyota Corolla Altis c.c 1598
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp. Reading: P6177 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRO53REH104552437
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/45-R17
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$60k.
 IDAC Accident Rport: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 300c
 Vehicle: IN / OUT
 Date: _____ Person Contacted: LTA 35820

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 16/06/22 D.O.I. 20/06/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 28/6/22

28/6/22 4/5 \$800 informed David

Date/Time, File Pass to? : Preli. Report : Final Report
 1) Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I.: (\$ _____)
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$)) S + RS, SI
 Interview (\$)) Photos
 Tech. Invs (\$)) Others
 Weekend (\$))
 TOTAL _____