

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBC 4486R

at Workshop m/s 112's B20

of _____

Insured: SLP 9657

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: \$33k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

196N
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBC 4486R Yr Regn: 26/04/12

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

Truck / Trailer or CM /

Make: Toyota hiace c.c 2982

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

Sp. Reading: 361606 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02700078920

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: 195-R15

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 21/06/22 D.O.I. 27/06/22

Survey held at _____

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

O/S Rear

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

Date / Time Action / Instruction 26/04/22

coe note (31-03-2022 LRA # 21027
207 6800

2/7/22 L/S \$1000 informed Suser

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$)

Transportation:

Report Format :

: Interview (\$)

____ S + RS, ____ SI

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

: Tech. Invs (\$)

Photos

: Weekend (\$)

Others

TOTAL