

Y: A.S.S. REC:BY: T. J. J. J.

REF. CS3/ASM 22 007681/Tcy3

ASSIGNMENT

GE: 2027 Feb

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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: \$40K

IDAC Accident Rpt: _____ 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 WP' - PRS'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBL7442A Yr Regn: 2007 March

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982

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

Sp. Reading 295472 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STFHT 02 P 3 0000 2465

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NA / S/Rim / STD A/Rim or

Tyre Size: F: 195 / R15

R: 2

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

TOYO / YOKO or Haribead

Front

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

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

D.O.A. _____ D.O.I. 22/8/22

Survey held at Garage 13

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

Frnt o/s.

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

Date / Time Action / Instruction

Repair Range: \$4000 - \$50.00, 4 days.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ S + RS. ____ SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. invs (\$ _____)

☐ : Weekend (\$ _____)

Report Formet: _____