ASS. REG. BY: REF: CS/SMO22008044/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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SND1926K Yr Regn: 2021, Dec

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Altis. c.c 1598.

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 9867. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR2BE3BE500017034

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: 205/65R16.

R: 205/65R16.

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. D.O.I. 23/08/~~23~~ 22

Survey held at Leary.

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

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

Date / Time	Action / Instruction
	TP Sompo
	06/10/22 Adrian confirmed lump sum: $3700 and 4 days (red, 11268.75, 75%)
	MV : 125K
	PV : 69.6K
	Nett : 53.4K

Date/Time, File Pass to? : Preli. Report

1) 14/10/22 : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

Survey Fee:

Transportation:

__S - RS __SI

Photos

Others

Report Format : 3700