

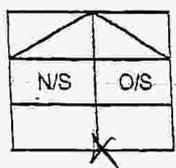
A.S.S. REC BY: T. G. J. M.

REF: CS3 / ASM 22008062 / Tv3

ASSIGNMENT

From: _____ Date: _____
Estimated cost: _____
OD / TP / IS / 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: _____

Veh No: SND3070R Yr Regn: 2021, Dec
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Altis C.C. 1598
Colour White A/C: Insured / Std / NI / NA
Sp. Reading 17894 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR2BF3BE 600017012
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: 225/45R17
R: _____
BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____



Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: Q124K
IDAC Accident Rport 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 WR' PRS'
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front 6 mm Rear 6 mm
R/Bal. _____ mm R/Bal. _____ mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 23/8/22 0545pm
Survey held at Cravege 13
Des. 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
	Repair Range: \$5000 - \$6000, 7 days

Date/Time, File Pass to? : Preli. Report
1) : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

2) _____
Report Format: _____
Lump Sum / L.B.H. (\$) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS - SI	
Photos	
Others	
TOTAL	