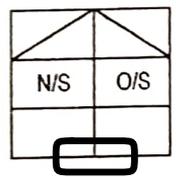


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: SM AUTO
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKU9966M Yr Regn: 08 Dec/2015
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA HARRIER 2.0 ELEGANCE c.c. 1986
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 463405 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZSU600065583
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/R or _____
 Tyre Size: F: 235/65R17
 R: //

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



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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>05-09-2022</u>
Survey held at _____	<u>W/S</u> <u>1PM</u>

 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$ _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 9 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	LS \$10200, 9 days. (Red \$12465.53, 55%)

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

Days Of Repair: 9
 Resurvey No. of Trip: 2

1) _____
 Date/Time, File Return to?
 2) _____
 Report Subject: TP
 Lump Sum: 10200

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

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	