

ASS. REC. BY:

REF:

CS/TP22008879/Deys

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV3243M Yr Regn: Dec, 2017

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

Truck / Trailer or

Make: Mazda CX5 c.c 2488

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

Sp. Reading: 46820 T/Radio: Insured / Std / NI / NA

Eng/No: PY30779515

C/No: JMGKF2WLAJ0143882

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: 225/55 R19

R: — 11 —

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

TOYO / YOKO or Toyo

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 04/08/2022

D.O.I. 12/08/2022

Survey held at Alfred Auto AMC

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

N/S Front

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

Date / Time	Action / Instruction
	<u>Independent</u>
<u>12/09/2022</u>	<u>Submit P/P \$5,128.72 with 6 days (Red \$4,377.98/46%)</u>

Date/Time, File Pass to?

: Prel. Report

1) _____

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation: _____ S + RS _____ SI

Photos

Others

TOTAL

<u>170</u>
<u>50</u>
<u>50</u>
<u>66</u>
<u>80</u>
<u>416</u>

Report Format : _____

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