

ASS. REC. BY:

REF:

CS/ASM22008925/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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SLF8922T

Yr Regn:

2016, AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Sienta

c.c

1496

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

134042

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NSP1707040107

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

185/60R15

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

TOYO / YOKO or

Pirella

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

12/09/22

Survey held at

One Garage

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

Front N/S

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

Date / Time

Action / Instruction

TP AXA

Adrian confirmed lump sum: \$4200 and 5 days

(red, \$5582.6, 57%)

MV: 60KPV: 25.9KNett: 34.1K157D

Date/Time, File Pass to?



: Preli. Report

1) 08/12/22

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5Resurvey No. of Trip: 3

Survey Fee:

Transportation

S + RS, SI

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Report Format:

TP-ASM