Ass. Pic. By: | Ref: CS/ASM22009196/Anc

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: 9 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: SFK2686P Yr Regn: 2017, NOV

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

Make: Toyota Wish c.c 1798.

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

Sp.Reading 116810 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20W20J008086

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: 195/65R15

R: 195/65R15.

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.	19/09/22.

Survey held at YSK.

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

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

Date / Time	Action / Instruction
	TP AXA.
	Adrian confirmed lump sum: $6000 and 9 days (red, 9046.90, 60%)
	MV : 78K
	PV : 44.8K
	Nett : 33.2K
	012J.

Date/Time, File Pass to? 1) 13/10/22

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 3

Add'l Fee: ☐ : Site Insp @ _____

☐ : Re-view @ _____

☐ : Tech. Insp @ _____

Survey Fee:

Transportation: _____ @ RS _____

Photos

Others

Report Format : 6000