

ASS. REC. BY: Ram

REF:

NS/INC22009366/Rnc

369K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHD 60213at Workshop m/s STRINGSof hymnons Ind K 64Insured: INC

Policy No. _____

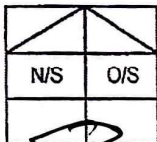
Claims No. MT/1192499-003

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SHD 60213 Yr Regn: 2020 / DEC

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

Truck / Trailer or _____

Make: TOYOTA PRIMS HBA c.c. 1798Colour MARON A/C: Insured / Std / NI / NASp. Reading 146738 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4603091823Gen. 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: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/01/22D.O.I. 22/01/22Survey held at STRINGSDes. 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 |
|-------------|--|
| | We will be advising our principal a cost of repair P/P \$1,738.97 /- with 04 days of repair, subject to their approval. (red, 15355.27, 90%) |
| | |
| | |
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| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐ : Preli. Report

1) 12/12/22

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS _____ SI

Photos _____

Others _____

TOTAL

Rep. Form: tpLump Sum / B.B. 1738.97