

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMV 65764
 at Workshop m/s: 2nd Ave
 of _____
 Insured: CS808567
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMV 65764 Yr Regn: 01/11/07
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Toyota Esteem Aeris c.c 3456
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 14.6526 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GSR500006694
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45ZR18
 R: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$ 50k.
 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

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

Front 6 mm R/Bal. 6 mm
 Rear 6 mm L/Bal. 6 mm
 D.O.A. 08/10/22 D.O.I. 11/10/22

CA / REV / REP. / 24 HRS 0392
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear & Rear w/screens shattered
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Bal 5495 227 12k.
coe until 31-10-2027 LTA 25496
28/10/22 L/S \$9400 informed AH 10/22

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

1) Date/Time, File Return to? _____

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)) : S + RS, SI

: Interview (\$)) Photos

: Tech. Invs (\$)) Others

: Weekend (\$))

TOTAL _____