

ASS. REC. BY:

REF: CS/INC 22010702/Awy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD 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: _____

Veh No: SLT1653L Yr Regn: 2017, Oct.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mit Outlander c.c. 2360
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 95710 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMYX1GF3WJZ000930
 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: 225/55R18
 R: 225/55R18

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. 96 mm
 D.O.A. _____ D.O.I. 27/10/22
 Survey held at HD Perfect

Des. of Damages: Frt Rear O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|--|
| | TP INC. |
| 03/01/2023 | Finalise L/S \$12,000.00 @ 07 days (Red \$13,252.10/52%) |
| | MV : |
| | PV : |
| | Nett : |

Date/Time, File Pass to?
03/01/2023
 1) Typist
 Date/Time, File Return to?

: Preli. Report
 : Final Report

Days Of Repair: 7
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Techn. Inve (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + R.S. SI _____
 Photos _____
 Others _____

Report Format: _____
 Version: _____