ASS. REC. BY: Marcus

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBA 4206T

at Workshop m/s Inyan

of

Insured: YN 8414

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: $36k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS C 001G

Vehicle: IN / OUT

Date: Person Contacted: L7A824446

Veh No: GBA 4206T Yr Regn: 11/07/07

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

Make: Toyota hiace c.c 2982

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 512979 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P300004636

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-R15

R: SS

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 07/11/22 D.O.I. 15/11/22

Survey held at

Des. 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 Req. $k.

Bal 4yrs 8mths

bonnet $1105

17/11/22 L/S $1600 inform shown. (Red $5478.95, 77%)

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

1) 17/11 [illegible] ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I. ($ 1600)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:	150
Transportation:	50
__S + RS, __SI	50
Photos	44
Others	
TOTAL	294