(08/11/13)

ASS. REC. BY:

REF: CS3/CTI2201192I/GVP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SNA 6100J

at Workshop m/s A T Performance

of _____

Insured: SJD 6134T

Policy No. DMPCSNW00060332201

Claims No. SNM22D208527/C02

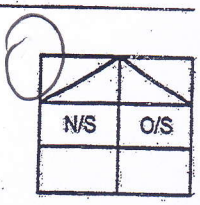
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SNA 6100J Yr Regn: 7 / 2016

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

Make: Toyota Vellfire 2.5 CVT c.c 2494

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

Sp.Reading 139810 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNGF3DH * 5080053G7

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: 235/50 ZR18

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A:	15/10/22	D.O.I.	28/11/22

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
5/1/22	Submit PRS, repair range $4,000-$5,000

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 5/1/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
S+RS SI	
Photos	
Others	
TOTAL	