

REC BY: Tuffin

REF: CS/LIP 220/2804/7wy3

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD / GS / IS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop this _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: PC54934 Yr Regn: 2017/1 Jan
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prognis C.C. 2982
 Colour: white A/C: Insured / Std / Nil / NA
 Sp. Reading: _____ T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: RDH 2010209067
 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: 195/195
 R: 11"
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO, PT Maxmiller
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 23/12/27
 Survey held at 4 Penjun close.
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$50K
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seal: _____ Consistent? : Yes or No
 Est. Repairs: 20 days Res.: Yes or No
 Turn Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____

N/S	O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
03/02/2023	Submit L/S \$22,950.00 @ 20 DAYS (RED \$3,850.00/14%)
	MV- \$50,000 ; LTA -17,073.00 ; NV- \$32,927.00

Date/Time, File Pass to? 03/02/2023
 1) Typist : Prel. Report
 : Final Report
 Date/Time, File Return to?

Days Of Repair: 20
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)

Survey Fee:	
Transportation:	
\$ + RS \$	
}} Finance	