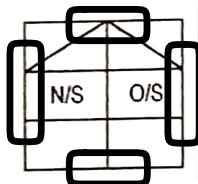


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: AUTO INSURE
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: \$1250
 (Client's Record)
 Make of Veh: _____

Veh No: SMV8576H Yr Regn: 26 Oct/2020
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA VOXY HYBRID c.c. 1797
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: — T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZWR800436844
 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: 215/50R17
 R: //



(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**
 Bal. or Market Value: \$180k
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>27-12-2022</u>

 Survey held at _____ W/S _____ 2:30PM
 Des. of Damages: **Frnt** **Rear** **O/S** **N/S** **U/C** **Roof top** or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TOTAL LOSS DUE TO BURNT
05/01/23	Submit Extensive Total Loss report.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 05/01 Typist
 Date/Time, File Return to? _____

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

Report Filed: MER-OD/TL-E
 Long Code/MPB: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/Weekend (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	