ASS. REC. BY: | REF: CC3 | TMI23000684 | Dry 3

ASSIGNMENT

COB April 2025

From: | Date:

Estimated Cost:

OD / TP / 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:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S | O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

Est. Repairs: 4 days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHD 438E | Yr Regn: April 2017

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

Make: Renault ~~Latit~~ | c.c 1995

Colour: Red | A/C: Insured / Std / NI / NA

Sp.Reading: 707105 | T/Radio: Insured / Std / NI / NA

Eng/No: M9R8839C003338

C/No: VF1ABL15AUC283409

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: 215/60 R16

R: —〃—

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 12/10/2022 | D.O.I. 26/10/2022

Survey held at Trans Cab AMK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S body

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

Date / Time	Action / Instruction
	Tokio SLP 134X
20/01/23	Final L/S 3,900/- with 4 days of rep.

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

1) | : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

___S + RS.___SI

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

Photos

Others

Report Format:

[illegible]