

ASS. REC. BY: _____ REF: _____

CS3/8PF23000716/Say3

ASSIGNMENT

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

Veh No: SAP2593A Yr Regr: 9/1/2016
 Type: Car / M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / L
 Truck / Trailer or _____
 Make: Toyota a1115 CC 1.598
 Colour: Dark grey AC: Insured / Std / NI / NA
 Sp. Reading: 257350 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: M053REH104556251
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: NS / S/Rim / STD A/Rim, or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NS	OS

Bal. or Market Value: \$54K
 IDAC Accident Report: _____ Consider? Yes or No
 GIA / PR Sect: _____ Consider? Yes or No
 Est. Repairs: 12 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN/OUT

Tyre Size: F: 215 / 45 R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LZ / MG / OHTSU / PIR / SUMI / TOYO / YOKO or gaforn
 Front: _____ Rear: _____
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A: 7/01/23 D.O.L: 26/1/23 12m
 Survey held at: Apex motoring
 Des. of Damages: Frt / Rear / OS / NS / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	Balance: 45.8m
	EST COST	yearly: 13K
	11/01/23	mv: 54K
		NI: 23K
<u>21/7/23</u>	<u>Submit Damage Assessment Report. (LS & 15,000; 12 days) (check items: 8233.25)</u>	
	<u>(The estimated range is &15,000 to &21,600)</u>	

Date/Time, File Pass to? : Prel. Report
: Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: DAR
 Lump Sum / L.B.I: (\$15,000)

Days Of Repair: 12
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
: Interview (\$ _____)
: Tech. Invs (\$ _____)
: Weekend (\$ _____)

Survey Fee: _____
 Transport: _____
 S + RS: _____
 Photos: _____
 Others: _____
 TOTAL: _____