

CS3/SMR22012306/Tny3-1

ASS. REC BY: Tny

REF:

CS3/SMR 22012306/Tny3

ASSIGNMENT

2023 Oct

2008, Oct

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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: \$10K.

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 7 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP - PRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLJ417IT Yr Regn: 2008, OctType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Allion C.C. 1496Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 239814 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NET 2603032962Gen. 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: 195/65R15R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Windforce

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 9/12/22 @ 430pmSurvey held at Shifter Auto

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

Repair Range: \$5000 - \$6000, 7 days19/12/22 submit PRS / repair range \$5k-\$6k and 7 days10/02/23 submit lump sum: \$4450 and 6 days
(red, \$2600, 37%)

Date/Time, File Pass to?

10/02/231) 19/12/22

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 7 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

Rep. Format: PRSLump Sum / L.B.R. / 4450