

ASS. REC. BY:

REF:

CS/III23001892/Any3

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: _____

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No:

SLF2422D

Yr Regn: 2016, August.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Voxy.

C.C. 1986

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

84972

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZRR800207110

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:

195/65 R15

R:

195/65 R15

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

TOYO / YOKO or

Continental.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

27/02/23.

Survey held at

YSK.

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

Rear n/s.

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

Date / Time

Action / Instruction

TP III

Adrian confirmed lump sum: \$1500 and 3 days

MV:

(red, \$1419.53, 49%)

PV:

Nett:

723D.

Date/Time, File Pass to?

1) 28/03/23

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Report Form: TP

1500

1500