ASSIGNMENT

From: Date:	Veh No: **GBH4624H** Yr Regn: **2018, June**
Estimated Cost:	Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover /
OD / TP /WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: **Toyota Hiace** c.c **2982**
at Workshop m/s	Colour **White** A/C: Insured / Std / NI / NA
of	Sp.Reading **167208** T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: **JTFHT02P000243027.**
Claims No.	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : (Nil) / S/Rim / STD A/Rim or
	Tyre Size: F: **195R15C**
(Policy Condition)	R: **195R15C**

	N/S	O/S	
Remark: The veh had commenced its repair at the time of inspection.			(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value:	**Front** **Rear**
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. **06** mm R/Bal. **06** mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. **06** mm L/Bal. **06** mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. **18/05/23**
Lum Sum: % 3 Val.: Yes or No	Survey held at **Kai Motor**
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / (O/S) / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	
	TP A16.	COE Expiry :
		Estimate given during : Yes ( )
	MV :	1st Survey No ( )
	PV :	
	Nett :	

Date/Time, File Pass to?	☐ : Preli. Report	Days Of Repair:	
	☐ : Final Report	Resurvey No. of Trip:	Survey Fee:
1)			Transportation:
Date/Time, File Return to?			
2)			
	Add Fee: ☐ : Site Insp ($)	S + P.S.___SI	
	☐ : Interview ($)	Photos	
	☐ : Tech. Inves ($)	Others	

Report Format :