

REF: CS/CTI23005167/Avp3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Insured Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **GY 5850R**
 Policy No: **DMCVSNA00141442202**
 Claims No: **SNM23D203557/C02/TANCHC**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SJA 4610P** Yr Regn: **2007, Dec**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Mazda 3** c.c. **1598**
 Colour: **Red** A/C: Insured / Std / NI / NA
 Sp. Reading: **187551** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JM6BK10628-0368086**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: **205/55R16**
 R: **205/55R16**

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

N/S	U/S

 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Front	Rear
R/Bal. 06 mm	R/Bal. 06 mm
L/Bal. 06 mm	L/Bal. 06 mm
D.O.A. 17/5/2023	D.O.I. 18/05/23

 Survey held at **Antarctica Automobile 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
	TP Chinn COE Expiry: 30/11/2027.
6/7/23	Adrian confirmed lump sum \$4150 (Red 5796.56, 58%)
	Estimate given during: Yes () 1st Survey: No (✓)
	MV: _____ PV: _____ Nett: _____
	930F

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) **6/7/23-typist**
 Report Format: **Merimen**
 Lump Sum / L.P.R. / C: **LS \$4150**

Days Of Repair: **5**
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 Survey Fee: _____
 Transportation: _____
 : S + RS, SI
 : Photos
 : Others