ASS. REC. BY: | REF: CS | CT2 23005369 | Anp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Veh No: SMT1082Y Yr Regn: 2017, Dec

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

Make: Toyota Harrier c.c 1986

Colour Maroon A/C: Insured / Std / NI / NA

Sp.Reading 84784. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZSU60U081292

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: 235/55R18

R: 235/55 R18

	N/S	O/S
Remark: The veh had commenced its repair at the time of inspection.		

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	23/05/23

Survey held at MS Car.

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 Claim. COE Expiry :
	Adrian confirmed lump sum $6000 and 6 days
	(Red. $ 14235.50, 70%) Estimate given during : Yes (✓)
	MV : 1st Survey : No ( )
	PV :
	Nett :
	870E

Date/Time, File Pass to? ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

☐ : [illegible] ($

Survey Fee: _____

Transportation: _____ $ + RS. ___ SI

Photos _____

Others _____

Report Format : _____

Lump Sum / [illegible]