

ASS. REC. BY: Taught

REF:

CS3/ III 23007013/Tvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SLN 6927X

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
	<u>X</u>

Bal. or Market Value: \$44K

IDAC Accident Report _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG 2169EYr Regn: 2016 / SepType: 2 M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Axio c.c. 1496Colour: white A/C: Insured / Std / NI / NASp. Reading 24253 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NKE 165 7136531Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 185 / 60 R15R: 22

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 8/7/2023D.O.I. 11/7/23 0345pmSurvey held at Kent AutoDes. 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
12/7/23	Submit PRS

Date/Time, File, Press to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/7/23-typist

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. (F