

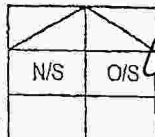
ASS. REG. BY: Taught REF: CS3/141523007332/Tp3

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: _____
 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.



Bal. or Market Value: \$96K.
 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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SME 3744L Yr Regn: 2018, Sep
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius c.c. 1797
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 422108 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2018 ZVW 56427377
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 1

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

Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 20/7/23
 Survey held at Apex Autobody
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

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

Date / Time	Action / Instruction
	Repair Range: \$5500 - \$6500, 5 days

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

i) ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / L.B. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL