

ASS. REC. BY: **Steve**

REF:

CS3/SPF24100192/Evp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

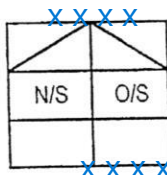
Claims No. _____

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: _____

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: **SJJ1220D** Yr Regn: **01 Sep 2008**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **TOYOTA RUSH** C.C. **1495**Colour: **White** A/C: **Insured / Std / NI / NA**Sp. Reading: **210900** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **J200E0017969** *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: **215/60R17**R: **"**

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

TOYO / YOKO or **TOYO**

Front _____ Rear _____

R/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **04/10/24** D.O.I. **10/10/24**Survey held at **STK AUTO**Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	MV - \$39k
	Repair range \$6k - \$7k
	9 days
	PRS

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2) _____

Rep. Format: _____

Lump Sum / L.B.I. / _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL