

Xel.

REF:

ASM

## ASSIGNMENT

D

Date 26/2/18

Veh No SJH5349B Wt Reg 13 Aug 2008

Estimated Cost:

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

To inspect Vehicle No:

SJH5349B

Workshop mis:

Cycle &amp; Carriage Fulco

330 Ubi Rd 3

Insured:

Copy No:

Claims No:

Sum Insured:

Excess

Client's Record:

Christopher 090552177

Make of Ven:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value:

\$13K.

DAO Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res: Yes or No

Cum Sum:

%

G Val: Yes or No

CA / REV / REP / 24 HRS

Date Person Contacted:

Vehicle IN / OUT

Date Time Action / Instruction

26/2 offer chris \$4000

✓ \$198

45 \$4K

Make:

M4 Lancer 1.5 1499

Colour:

silver

A/C Insured Std / Nil / NA

Sp. Reading:

176623

T/Radio Insured / Std / Nil / NA

Eng No:

O No:

JMYSRCY2A84007704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A / S/Rim / STD A/Rim or

Tyre Size:

F: 205 / 60 R16  
R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / SRI / SUMI

TOYO / YOKO or

Front:

Rear:

R. Bal:

6

mm

R. Bal:

6

mm

L. Bal:

6

mm

L. Bal:

6

mm

D.O.A.:

D.O.A.:

26-02-18

Survey held at:

w/s

11:30AM

Des. of Damages: Frt / Rear / O/S / N/S / U/O / Roofed or

The U/O / Chassis frame / Body Structure affected due to collision

R(\$2,130 / 35%)

Date Time File Pass to:

☐

Preli. Report

Days Of Repair:

Date Time File Return to:

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐  
☐  
☐  
☐

She Insd \$

Inter \$

Tech \$

Rep \$

Transport:

Sub-Rep:

Photo:

Other:

Report Format:

Cum Sum / L.B. / S.