

Surgeon *Ross*

REF:

20283

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *SLN 14693*
at Workshop m/s *MOTOR IMAGE*
of *25, LEACH KERR RD*
Insured: _____

Policy No. _____

Claims No. _____

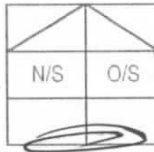
Sum Insured: _____ Excess: _____

(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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SLN 14693* Yr Regn: *2017 / MR*
Type: *Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: *Subaru Impreza SD16* c.c. *1600*
Colour: *Blue* A/C: Insured / Std / NI / NA
Sp. Reading: *28983* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *3F14T3KCJH4004617*

Gen. Cond: Good / *Fair* / Poor / Burnt

Steering: *In order* / Jammed / Leaked / Burnt or

Brake: *In order* / Jammed / Leaked / Burnt or

Modi: Nil / *SRim* / STD A/Rim or

Tyre Size: F: *205/50R17*
R: *205/50R17*

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

Front

R/Bal. *6* mm

L/Bal. *6* mm

D.O.A. *07/12/18*

Rear

R/Bal. *6* mm

L/Bal. *6* mm

D.O.I. *14/12/18*

Survey held at *MOTOR IMAGE*

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) \$ + RS. \$

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$)

TOTAL