

ASS. REC. BY: Steve REF: CS/MSG20007569/Evf3

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 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

N/S	O/S

Veh No: SJY 75972 Yr Regn: 29/9/10
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Civic c.c. 1339
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 353826 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JHMF036209 S 2076 26
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/55R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 10/7/20 D.O.I. 22/7/20
Survey held at Auburn Auto
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
	<u>MV - 13K</u> <u>waiting estimate</u>
	<u>RV - 11,062</u>
	<u>NV - 1938</u>

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) 6/8/20-Typist
Rep. Form: Merimen
Lump Sum / L.B. / C: LS \$1250

Days Of Repair: 3
Resurvey No. of Trip: 1
Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)
Survey Fee: _____
Transportation: _____
S + RS: \$ _____
Photos: _____
Others: _____
TOTAL