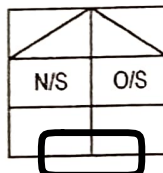


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OE ☒ TP / ☐ VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s BIFROST AUTO
 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: \$5000
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMJ 2433P Yr Regn: 23 May/2006
 Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: MITSUBISHI LANCER 1.6 c.c 1584
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 228676 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JMYSTCS3A6U009300 *

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: 195/60R15

R: 195/60R15

BS / DUN / EXNOVA ☒ GY FS / LIZA / MIC / OHTSU / PIR / 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.I.	28-10-2020

Survey held at W/S 12:30pm

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
	COE Rebate: \$2573
	Repair limit: \$1500

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. Insp (\$ _____)☐ : W/Weekend (\$ _____)

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: