ASS. Rec. BY: GQ REF: CS/CTI20012317/Gtf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s MOTOR IMAGE

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: SLH 3380Z Yr Regn: 31 Oct/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: SUBARU LEVORG 1.6 c.c 1600

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 89817 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1VM4K55GG002550 *

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: 225/45ZR18

R: 225/45ZR18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	25-11-2020

Survey held at W/S 2:30pm

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or FRONT O/S

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

Date / Time	Action / Instruction
	Confirmed COR $4865.6 before GST @ 5 working days
	RED: 5340.4; 52%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:	
Transportation:	
___3 + RS.___SI	
Photos	
Others	
TOTAL	