ASSIGNMENT

Date

timated Cost

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

Inspect Vehicle No:

Workshop m/s Kai Motor

sured:

licy No.

aims No.

im Insured: Excess:

(Client's Record)

ake of Veh:

(Policy Condition)

emark: The veh had commenced its repair at the time of inspection.

N/S	O/S

al. or Market Value:

DAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

st. Repairs: 5 days Res.: Yes or No

um Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Veh No SGN 6418 H 1st Regn: 11 Nov 2016

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

Make: Toyota Altis cc 1578

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

Sp Reading 128901 T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: NRE053 REH-1045504 66

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: 215/45R17

R: 11

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.	17-12-20

Survey held at W/S 11:30

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

I)

Date/Time, File Return to?

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($

: Interview ($

Survey Fee:

Transportation