

ASS. REC. BY:

REF:

CS 3/11/16 2001 0545/T1643

ASSIGNMENT

08 Dec 2009

From: _____ Date: _____

Estimated Cost: _____

OD / ☒ 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.

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: STJ 43305 Yr Regn: 1Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Stream c.c. _____Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 145291 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RN6 1062995Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65R15R: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Goodride

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 28/9/20Survey held at A-TeeDes. 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 _____

No GIA

lump sum \$2850, 6days (RED: \$2750;49%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 6

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

) S + RS \$ _____