

ASS. REC. BY: 62. REF: CS3/ SMO 21000601/GUvf3 ✓

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s A - Tec 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: \$57K
IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKU 39684 Yr Regn: 23 Jul 2015
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Honda Mob:lio l.8c 1497
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MRHDD 48707P 000214
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 185/65 R15
R: 11

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

Front Rear
R/Bal. 0 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 12/1/21 D.O.I. 13-01-21
Survey held at w/s 4:30pm
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
	<u>\$4000 \$5000</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) 14/1/21-Typist

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation: _____
\$ + RS. _____

Photos

Other:

TOTAL

Report Forwarded: PRS

Lump Sum / T.B.B.: