

OR
ARS

CI

7

ASSIGNMENT

SKL7643E 3 DEC 2013

Estimated Cost

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

Inspect Vehicle No.

Workshop n/s Evergreen Auto

Insured

Policy No

Claims No

Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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



Actual or Market Value:

\$48K yr

DAC: Accident Report

IA / PR Seen.

st Repairs

YB

days

Res: Yes or No

ump Sum.

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

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

Make

Toyota wish

cc 1798

Colour

Grey

A/C Insured / Std / NI / NA

Sp Reading

76804

T/Radio: Insured / Std / NI / NA

Eng/No.

JTDG920W50J000676

C/No.

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SI / R / STD A/Rim or

Tyre Size

F: 195/65 R15
R: 1

BS / DUH / 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

21-01-21

Survey held at

WIS

12pm

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

~~\$1000~~ \$2000 - \$3000
COC: 33980

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

Days Of Repair:

Resurvey No. of Trip:

Addl Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Photograph: \$

☐

Other: \$

Survey Fee:

Transportation

Other: \$

Other: \$

Other: \$

Other: \$