

ASSIGNMENT

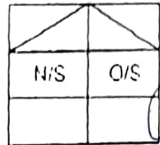
Unrated Cost
 TP AWS / TP RES / QD RES / EVA / INV / MV

Inspect Vehicle No
 Workshop m/s **Freezon Auto**

ured
 ility 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.



al or Market Value **\$4K**
 JAC Accident Report Consistent? Yes or No
 sIA / PR Seen Consistent? Yes or No
 st Repairs **3** days Res: Yes or No
 um Sum. % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle IN / OUT

skp 1791D 21 Aug 2014

Type M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or **Prins**

Make **Toyota** cc **1797**

Colour **white** A/C Insured / Std / NI / NA

Sp Reading **525/99** T/Radio Insured / Std / NI / NA

Eng/No

C/No **8V W4 C000 9083**

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: **25/60 R16**
 R: **11**

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

TOYO / YOKO or **EIRENZA**

Front

Rear

R/Bal **6** mm R/Bal **6** mm

L/Bal **6** mm L/Bal **6** mm

D.O.A

D.O.I

Survey held at

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

33998

No Body injured.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

And Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Estimate \$

☐

Other \$

Survey Fee:

Transportation

Other Fee

Other

Other