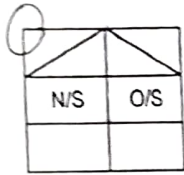


CS3/CT 21001674/Gvf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/y/s RS 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: \$45K
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est Repairs: 4 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: QBD7490C Regn: 16 Apr 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Hiace cc 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp Reading: 315073 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ITFH To 2p 400/58 773
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nip / S/Rim / STD A/Rim or
 Tyre Size: F: 195 R15
 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. 1/2/21 D.O.I. 28-02-21
 Survey held at W/S 11AM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
W/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

\$2000 - \$3000

Oct: 16074

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

_____ + P.S. _____

Date/Time: File Return to?

9/2/21-Typist

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : _____

PRS