

Sun Pin

CS/LPC21002316164ff1.

ASSIGNMENT

From

Date:

Estimated Cost:

QD / TP / 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

Sh22402K

yr Regn:

24/10/2007.

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

Truck / Trailer or

1598

Make:

Toyota Corolla Altis.

C.C.

1446.

Colour

Silver.

A/C:

Insured / Std / NI / NA

Sp. Reading

203630.

T/Radio:

Insured / Std / NI / NA

Eng/No:

-

C/No:

MR053 ZEC107154199

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 / 70 R14

R:

185 / 70 R14

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.

17/02/2021

D.O.I.

19/02/2021

Survey held at

Auburn.

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

Finalize amount \$2,450. Repair day 4 days. (L/S, before gst).

(RED: 7950; 76%)

MV: 11,000

PV: 7,105

Nett: 3,895.

Date/Time. File Pass to?



Prel. Report

1)



Final Report

Date/Time. File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Artid Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Wash (\$

Survey Fee:

Transportation

3 + PS \$1

Fuels

Other:

Report Format:

1) Date/Time / File

Print