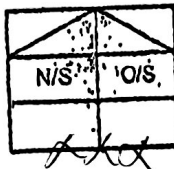


ASS. REC. BY: Steve CS/CT121004669/ETf3

ASSIGNMENT

From: PRS Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MY
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.



Veh No: SLE 1564P Yr Regn: 11/7/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Land Rover Discovery Sport c.c. 1999
Colour: White A/C: Insured / Std / NI / N
Sp. Reading: 39615 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: SALCA2AGX GH 625713
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 225/55R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 8/4/21 D.O.L. 14/4/21
Survey held at Garage 13
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	<u>MIV-110K</u> <u>repair range 4K-5K</u>
	<u>4 rep days</u>

File/Time, File, Pass 107. ☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$1

Private

Others

TOTAL