

ASS. REC. BY:

Steve

CC4/AIG 2100 6359/Epa3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD: 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:

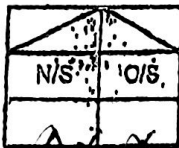
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGR 2849C

Yr Regn:

S/2/07

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

Truck / Trailer or

Make:

Toyota Wish

c.c. 1794

Colour:

R/YC

A/C:

Insured / Std / NI / N

Sp. Reading

303477

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

ZAL/E/2031/6650

Gen. Cond: Good (Fair) / Poor / BurntSteering: In order / Jammed / Locked / Burnt orBrake: In order / Jammed / Locked / Burnt orMod: NII / SR / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA (MIC) / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

1/6/21

D.O.A.

4/6/21

Survey held at

Auburn

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV- 6500

waiting estimate

PV- 3477

NV- 3029

File/Time, File, Pass to?



: Prel. Report



: Final Report

File/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

\$ - RS - \$

Phone

Others

TOTAL

Approved:

Signature / Date: