

ASS. REC. BY:

Steve

CC4/A16 21006887/Eg93

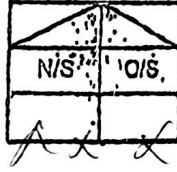
ASSIGNMENT

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: _____

Veh No: SMS 6392K Yr Regn: 9/5/08
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Nissan Latio c.c. 1498
 Colour: Gold A/C: Insured / Std / Nil / N
 Sp. Reading: 215335 T/Radio: Insured / Std / Nil / N
 Eng/No: _____
 C/No: JM1BAH1210007599
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: Nil / 8/Rim / STD A/Rim or
 Tyre Size: F: 185/55R15
 R: _____

(Policy Condition)

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



Val. 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUZUKI /
 TOYO / YOKO or _____

Front 4 mm R/Bal. 4 mm
 U/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 7/6/21 D.O.I. 12/6/21
 Survey held at Auburn Auto
 Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time

Action / Instruction

MP-14K

Date/Time, File, Pass to?

Prell. Report

Days Of Repair: _____

Final Report

Resurvey No. of Trips: _____

Date/Time, File Return to?

Add Fee:

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (£ _____)

Weekend (\$ _____)

Survey Fee:

Transportation: _____

\$ + RS. \$ _____

Phone: _____

Others: _____

TOTAL _____

Approved/Initial:

Name / U.P. / C.C.