

ASS. REQ. BY:

Steve

CS/AGI 2100 7159/E+P3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/OD.RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

at

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.

Real. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GA / 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:

STP 92946

Yr Regn:

17/4/09

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

Truck / Trailer or

Make:

Suzuki SX4

c.c.

1586

Colour:

Red

A/C:

Insured / Std / NI / N

Sp. Reading

296157

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

JSAGYC 21530235721

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

175/65 R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

27/6/21

D.O.A.

30/6/21

Survey held at

Auburn Auto

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

MV-21K

Waiting estimate

LUMP SUM \$1400, 4DAYS

RED: 8310, 85%

File/Time, File, Pass to?

☐

Prell. Report

☐

Final Report

File/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp

(\$

☐

Interview

(\$

☐

Tech. Invs

(\$

☐

Weekend

(\$

Survey Fee:

Transportation:

\$ + RS, \$

Franchise

Others

TOTAL

Approved:

Signature / Date: