ASS. REC. BY: Steve REF: CSJ/ASM/21204824/ETC

ASSIGNMENT

PRS

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJT 7541K Yr Regn: 28/10/09

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

Make: Toyota Wish c.c 1.79

Colour: Black A/C: Insured / Std / NI / N

Sp.Reading: 221536 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: ZGE20W-21096

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: "

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.	14/4/21	D.O.I.	19/4/21

Survey held at A-TEC

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-55K 2K – 3K repair range
	3 repair days

Date/Time, File,Pass to? : Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

S + RS S

Photos

Others

TOTAL

Approved :

Imp Sum / L.E.I: ( )