

ASS. REC. BY:

Steve

CS3/ASM/21004824/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. _____

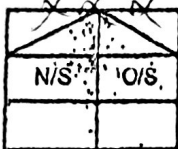
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STT 7541K Yr Regn: 28/10/29Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish c.c. 1799Colour: Black A/C: Insured / Std / NI / NSp. Reading: 221536 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: 26E2000-21096Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or B

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 14/4/21 D.O.I. 19/4/21Survey held at A-TECDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MV-SSK 2K-3K repair range</u>
	<u>∴ 3 repair days</u>
	<u>lump sum \$900</u>
	<u>red: 6800; 88%</u>

Date/Time, File, Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)☐ : Wash and (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Private

Others

TOTAL

performed:

lump sum / L.P. /