

ASS. REC. BY:

Stere

CS/EG121907916/EVF3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

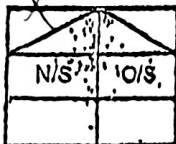
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Sent:

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:

SKE 7310C

Yr Regn:

29/3/12

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

Truck / Tractor or

Make:

Toyota Wish

C.C.

1.798

Colour:

W4

A/O: Insured / Std / NI / N

Sp. Reading

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTD1612923 705922678

Gen. Cond: Good / Fair / Poor / Buipt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Wetflake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

22/7/21

D.O.A.

27/7/21

Survey held at

Auburn

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt LH

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

Date/Time

Action/Instruction

AMV-22K

Date/Time, File, Post to:



: Prel. Report



: Final Report

Date/Time, File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (%)



: Weekend (%)

S + RS, SI

Private

Others

TOTAL

Remarks/Comments:

AMP Sum / U.P. / C