ASS. REC. BY: Steve CS/EG1 21907916/EVF3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / 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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SKE 7310C Yr Regn: 29/3/12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailor or

Make: Toyota Wish c.c 1.798

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

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

Eng/No:

C/No: JTDKG20U705902628

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NII / 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 Wefflake

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.I.	27/7/21

Survey held at Auburn

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

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

Date / Time	Action / Instruction
	MV - 22K

Date/Time, File Rcvd to?

Date/Time, File Return to?

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve (%)

: Weekend ($)

Survey Fee:

Transportation: $ x RS $

Phone

Others

TOTAL