ASS. REC. BY: Steve | REPT CS/EG1 21007916/EVF3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBJ 1383L

Policy No.

Claims No. CDMCG21001365

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

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

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

Make: Toyota Wish c.c 1798

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

Sp. Reading — T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: JTDJG20?? 705?92678

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / 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 Westlake

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 Frt LH

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

Date / Time	Action / Instruction
	MV - 22K
28/7/21	LS $700 confirmed (Red 1320,65%)

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

[ ] : Final Report

Date/Time, File Return to?

28/7/21-Typist

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Inve ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

$ • RS. SI

Photos

Others

TOTAL

Forward : Merimen

Lump Sum / LP: LS $700