

ASS. REC. BY:

Steve

CS/EG121907916/EFV3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBJ 1383L

Policy No.

Claims No. CDMCG21001365

Sum Insured:

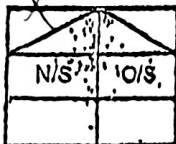
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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 Seen:

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 / Trailer or

Make:

Toyota Wish

C.C.

1.798

Colour:

Grey

A/O: Insured / Std / NI / N

Sp. Reading

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTD1612923 70592678

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

MV-22K

28/7/21 LS \$700 confirmed (Red 1320,65%)

Date/Time, File, Post to:



Prel. Report



Final Report

Date/Time, File Return to:

28/7/21-Typist

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (%)



Weekend (%)

\$ + RS, SI

Phone

Others

TOTAL

Prepared by: Merimen

Work Sum / U.P. / C: LS \$700