

ASS. REQ. BY:

Steve

REF

CS/ASM 2108572/ETC

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Insured:

Policy No.

Claims No.

Sum Insured:

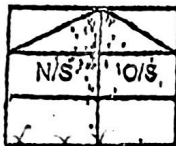
Excess:

(Client's Record)

Make of Vehl:

(Policy Condition)

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



Rail. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMX 5002 G

Yr Regn:

12/6/17

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

Truck / Trailer or

Make:

Subaru Impreza

cc

1600

Colour:

White

A/C:

Insured / Std / N / N

Sp. Reading

70220

T/Radio:

Insured / Std / N / N

Eng/No:

C/No:

JF1673 KC 5-H16 00 6011

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/50 R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

U/Bal.

S

mm

U/Bal.

S

mm

D.O.A.

8/8/21

D.O.I.

17/8/21

Survey held at

CAR PRO

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

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

Date / Time

Action / Instruction

AKV-61K

Waiting Estimate

confirmed and accepte with the finalized offer @\$2400.

red: 14455.60:98%

Time/Time, File, Photo, etc.



: Prel. Report



: Final Report

Time/Time, File, Photo, etc.

Days Of Repair:

3

Resurvey No. of Trips:

Survey Fee:

Transportation

S + RS + SI

Provision

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$