

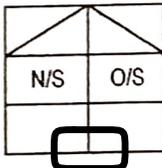
ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s AP AUTO
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJX4222E Yr Regn: 20 Sep/2018
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: SUBARU FORESTER 2.0l c.c. 1995
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 26911 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1SJ5KC5JG111818 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil S/Rim / STD A/Rim or
 Tyre Size: F: 225/60R17
 R: 225/60R17

(Policy Condition)

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



Bal. or Market Value: \$66k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / OKO or _____

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>02-09-2021</u>	
Survey held at _____		<u>W/S</u>	<u>4PM</u>

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	OPC
	Total Rebate Amount \$20,813

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ 3 + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy/MP: _____