ASS. REQ. BY: Steve | REF: CC4/ASM21010F431/P93

ASSIGNMENT

From: ________ Date: ________

Estimated Cost: ________

OD / YP / WS / YP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ________

at Workshop m/s ________

of ________

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

Veh No: SMZ 525SH Yr Regn: 30/4/21

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

Make: Toyota Altis c.c 1598

Colour: White A/O: Insured / Std / NI / N

Sp. Reading: 31991 T/Radio: Insured / Std / NI / N

Eng/No: ________

C/No: MR2BE3BEX000II47

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: Ft 225/55R16

Rr ''

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ________

Front			Rear	
R/Bal.	5 mm		R/Bal.	5 mm
L/Bal.	5 mm		L/Bal.	5 mm
D.O.A.	19/10/21		D.O.I.	22/10/21

Survey held at: Auburn Auto

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

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

IDAC Accident Rpot: ________ Consistent? : Yes or No

GIA / PR Seen: ________ Consistent? : Yes or No

Est. Repairs: ________ days Res.: Yes or No

Cum Sum: ________ % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: ________ Person Contacted: ________

Date / Time	Action / Instruction
	MV- 97K

Date/Time, File Recd Rt: [ ] : Prelim. Report

[ ] : Final Report

Date/Time, File Return to: ________

Days Of Repair: ________

Resurvey No. of Trips: ________

Add Fee: [ ] : Site Insp ($ ________)

[ ] : Interview ($ ________)

[ ] : Tech. Inve ($ ________)

[ ] : Weekend ($ ________)

Survey Fee: ________

Transportation: ________

____ Srns. ____ $ ________

Photos ________

Others ________

TOTAL ________

Forward: ________

Cum Sum / I.S.I. to ________