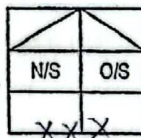


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ TP / WS / TP 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 9 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: SNA 932P Yr Regn: 3/5/21
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or
 Make: Audi A3 c.c. 1498
 Colour: Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 11388 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WA9222GYXMA101623
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 235/40ZR18
 R: 11

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. 12/4/22 Premium D.O.I. 19/4/22
 Survey held at _____
 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
	MV-159K
22/08	22/08/22 Steve informed final fig: \$16700.30 and 9 days (red, \$15,128.70, 48%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 24/08/22

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.F. (\$ 16700.30)

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$