

ASS. REC. BY: Kenneth REF: ASM/ 22003586/Ke

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s Auburn
of 13914
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

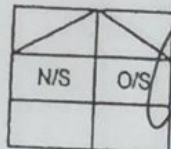
Veh No: PGY 2340R Yr Regn: 09, 07
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (A)
Make: Honda Civic c.c. 1595
Colour: M. Grey A/C: Insured / Std / NI / NA
Sp. Reading: 154701 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JHM FD46 2075201269
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NI / S/Rim / STD A/Rim or
Tyre Size: F: 205/55R16
R: _____

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

Front Rear
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. 24/5/22 D.O.I. 17/6/2022
Survey held at 11.38am

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or
O/S body

The UIC / Chassis frame / Body Structure affected due to collision.



(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: \$5500
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 07 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 09/22 Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>17/6</u>	<u>Person in charge not in wksp, No GIA & est given</u> <u>CUA 81175.00</u>

to/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

a/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation: _____
\$ + RS. \$

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

) Fx. Ins

) Others

ort Format :

p Sum / I.B.I: (\$

TOTAL