ASS. REC. BY: Kenneth | REF: ASM1 2200358 6/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: 13911

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

Bal. or Market Value: $ 5500/-

IDAC Accident Rport: 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: 6/9/22 Person Contacted: Vehicle: IN / OUT

Veh No: SGY 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 159761 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD46207S201269

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: 205/55R16

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.	29/5/22	D.O.I.	17/6/2022

Survey held at ✓ 11.38am

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

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

Date / Time	Action / Instruction
17/6	Person in charge not in wksp, No GIA & est given
	CA $1175.00

te/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

a/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___S + RS___SI

Parking

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

ort Format :

p Sum / I.B.I: ($