

AE/S. REC BY: T. J. Smith

REP: as3/0122007009/T9ys

ASSIGNMENT

2027 May
2007 June

From: _____ Date: _____
Estimated cost: _____
OD / TP / VS / 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 Vht: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$47K
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ 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: YM 6655 G Yr Regn: 2007 June
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: LS434 NHR 85E C.O. 2999
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 996481 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JM NHR 85E 77-100127
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: 175/R14
R: 27 (D)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or GT Radial
Front Rear
R/Bal. 6 mm R/Bal. 6/6 mm
L/Bal. 6 mm L/Bal. 6/6 mm
D.O.A. _____ D.O.I. 25/7/12
Survey held at Hun Joo
Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair Range: \$6000 - \$7000, 7 days</u>

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

Days Of Repair: _____
Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S + RS	Sl.
Photos	
Others	

Date/Time, File Return to? _____
2) _____
Report Form: _____
Lum. Sum / B. off _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. invs (\$ _____)
☐ : Weekend (\$ _____)