

ASS. RECD BY: Taupin

REF: CS3/ASM22007050/TCY3

**ASSIGNMENT**

CoE 2023 Sep  
2008 Sep

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / 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: \_\_\_\_\_

Veh No: 8J53233D Yr Regn: \_\_\_\_\_  
Type: M Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Honda Airwave C.C. 1496  
Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 328188 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: GJ11302204  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 185/55R16  
R: \_\_\_\_\_

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 29/7/22

Bal. or Market Value: \$13K  
IDAC Accident Rpt: \_\_\_\_\_ 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

Survey held at Causmission  
Des. of Damages: Frt Head / O/S / N/S / U/C / Rooftop: or  
F4 N/S  
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<u>Repair Range: \$4000 - \$6000, 6 days</u>

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

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_  
Report Format: \_\_\_\_\_  
Lump Sum / I.B.I. (%) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS. \$ \_\_\_\_\_  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL \_\_\_\_\_