REC. Rec. BY: GQ | REF: EGI

ASSIGNMENT

From: Date:

Estimated Cost:

[OD] / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s WILLIAM'S AUTO

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: TBA

(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: $51k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / [REV] / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKX9984U Yr Regn: 05 Jan/2016

Type [M.Car] M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: HONDA VEZEL 1.5X c.c 1496

Colour White A/C: Insured / Std / NI / NA

Sp.Reading — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU11105775

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: 215/60R16

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	24-08-2022

Survey held at W/S 2:30PM

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Other:

TOTAL