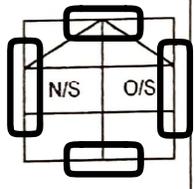


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Car City Auto Centre
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: \$3500
 (Client's Record)
 Make of Veh: _____

Veh No: SJX1991M Yr Regn: 19 Feb/2009
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MITSUBISHI EVO-10 GSR 2.0 c.c 1998
 Colour Silver A/C: Insured / Std / NI / NA
 Sp Reading 230747 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: CZ4A0005870
 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: 245/40ZR18
 R: //



(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**
 Bal. or Market Value: \$148k
 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

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>06-09-2022</u>

 Survey held at _____ W/S _____ 5PM
 Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
 The U/C Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	NON-ECONOMICAL FOR REPAIR
	TOTAL LOSS DUE TO BADLY DAMAGED AND BEYOND ECONOMICAL REPAIR
	05/10/22 submit extensive total loss report

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 05/10/22
 Date/Time, File Return to?
 2) _____
 Report Filed?
 Lump Sum / P.P. / etc: extensive total loss

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Meet end (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	