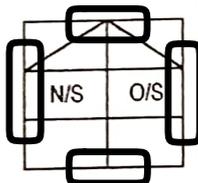


ASSIGNMENT

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 / **dammed** / Leaked / Burnt or
 Brake: Inorder / **dammed** / 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

<u>Front</u>	<u>Rear</u>
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: **Frnt** **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

Date/Time, File Pass to? : Preli. Report : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Insp (\$ _____) : W/weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____
 TOTAL: _____