ASSIGNMENT

Veh No:	SKX3826H Yr Regn: 09 Dec/2015

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make:	HONDA VEZEL 1.5X	c.c	1496
Colour	Red	A/C:	Insured / Std / NI / NA
Sp.Reading	—	T/Radio:	Insured / Std / NI / NA

From: _____ **Date:** _____

Estimated Cost:

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

To Inspect Vehicle No: _____

at Workshop m/s FALCON-AIR

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ **Excess:** $600

(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: $50k

IDAC Accident Rport: _____ Consistent? : **Yes** or No

GIA / PR Seen: _____ Consistent? : **Yes** or No

Est. Repairs: 7 days   Res.: **Yes** or No

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

CA / **REV** / REP. / 24 HRS

Vehicle: **IN** / **OUT**

Date: _____ **Person Contacted:** _____

Eng/No: _____

C/No: RU11107414

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **norder** / Jammed / Leaked / Burnt or _____

Brake: **norder** / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / S **TD A/R** m or _____
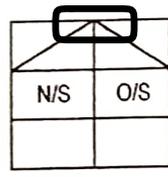
Tyre Size: F: 215/55R17

R: //

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.	09-09-2022

Survey held at   W/S   10:30

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
	We will be advising our principal for the costs of repairs in $9150.00 (L/S, before GST), 7 days. Subject to their approval. (Red $4238.30, 32%)

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

1) 17/01 Typist

Date/Time, File Return to?

2) _____

Prepared For: MER-OD

Lump Sum / Total: 9150

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____) ___S + RS.___Sl

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Other:

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
TOTAL:	