REC. Rec. By: GQ | REF: CTI

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AUTO INSURE

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess: $500

(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: $38k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: GBE6203S Yr Regn: 04 Feb/2016

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

Make: MITSUBISHI CANTER FEA01BR2SDEB c.c 2998

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

Sp.Reading 302063 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEA01BA20026

Gen. Cond: [Good] / Fair / Poor / Burnt

Steering: [norder] / Jammed / Leaked / Burnt or

Brake: [norder] / Jammed / Leaked / Burnt or

Modi : [Nil] / S/Rim / STD A/Rim or

Tyre Size: F: 195R15

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	28-10-2022

Survey held at W/S 11:20

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

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