

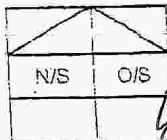
AEIS REC BY: T. Gifford REF: CS3/45M-22011721/79 Tnp3

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD TP / VS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$61K
 IDAC Accident Report _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK 5836 Y Yr Regn: 2017 Jan
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chrysler Orlando C.C. 1362
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 288703 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1YA 7589 HK68364

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 1.8 / S/Rim / STD A/Rim or

Tyre Size: F: 215/100R16

R: 17

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Maxtrek

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 22/11/22 @ 550pm

Survey held at

YK Supreme

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof top or

near o/s

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

Date / Time Action / Instruction

Repair Range: \$6000 - \$7000, 7 days.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS \$ _____

Photos _____

Others _____

Repair Form: _____

Lum Sum / E.B. / P. _____